Men in the nursing profession: Masculinities and gendered identities

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Abstract

Nursing as a profession has historically been largely dominated by females, both in terms of the demographical profile and the common perception of nursing being a task for women. A small minority of men do however practice as nurses and as such are anomalous in a female dominated profession. Drawing on profeminist theories of masculinities this study aimed to investigate the experiences of men working as nurses in Ireland, how they relate to masculinities and how they negotiate a gendered identity. Using a qualitative interpretative methodology 16 in-depth interviews were conducted with practicing male nurses. Results reveal tensions and contraindications for men in negotiating gendered identities as nurses with significant evidence of positioning in relation to hegemonic ideals. The fluidity and contingency of masculinities is also revealed, particularly in relation to emotionality and embodiment. This study contributes to the knowledge base of sociological theories of masculinities but also to knowledge about the nursing profession and its gendered aspects.

Contents

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Chapter 1: Introduction

1.1 Introduction

This study is about how a group of men identify with gender, how they do gender and what are the things that impact, effect and influence their sense of gender. This group of men are nurses; they are therefore in a profession and a workplace where women are numerically dominant. Not only are women numerically dominant, the nursing profession of which they are part of is also heavily influenced and shaped around ideas of femininity. The association of nursing with femininity emanates both from a common public perception of the profession and from an ethos within the profession itself. The men in this study therefore share common circumstances in terms of their chosen career and this study centred on how this impacts on their sense of their own gender in both their personal and professional lives.

The complexity of how individuals identify with gender is a subject which in historical sociological terms is relatively young. Long held dichotomies of the unitary, unchanging categories 'man' and 'woman' have increasingly being shown by gender theorists to be unstable and unsatisfactory as explanations. While on the one hand the binary divide between men/women remains largely intact, the ways of being a man or a woman have become more open to interpretation and ambiguity. For all men and women the essential elements of sex or gender are not as concrete as they were once assumed to be, despite the continual prompts from popular culture that men are from Mars and women from Venus.

The subjects in this study readily identify with a gender category in this case being masculine. Yet the profession they work in identifies with the commonly polarised other

categories women and femininity. The study is therefore about their gender identity as men and as nurses. Connell (1987,1994, 2005), Kimmel (1987, 2000), Hearn (1987,1992, 1994), Seidler (1994, 2005, 2007), Mac An Ghaill (1994) and Whitehead (1999, 2002) amongst others, have in recent times exposed the previously hidden male gender subject in studying and theorising men's lives and masculinity(ies). Masculinities remained hidden on a theoretical level due to an assumption that they were normative and required no inquiry or attention. On a personal level, while feminism has forced many women to think about what it is to be a woman, the impetus to do so for men has not been as visible. Men in nursing are however more likely to consider issues of gender given the close proximity of nursing to femininity, making this a potentially fruitful site of inquiry into men and masculinities. This research also shines a light on the nursing profession in Ireland and particularly on its gendered nature. In simple terms this study is about the stories of men being men where most people (including themselves sometimes) expect to find women.

1.2 Background

The history of nursing as a profession has traditionally, and continues to be, largely dominated by females both in terms of the demographical profile and the common perception of nursing being a task for women (Evans 1997, Milligan 2001, Jinks & Bradley 2004, Lindsay 2008). The creation of modern nursing, by Florence Nightingale and others, as a suitable occupation for young women has led to the modern distinctly feminine view of nursing as an occupation (Maggs 1983, Villeneuve 1994, O'Lynn 2007, Mc Laughlin *et al* 2009). Nursing has therefore provided a rich ground for gender based research, particularly of a feminist hue (Glazer 1991, Porter 1992, Williams 1992, Walter

et al 1998, Simpson 2009). The more recent focus of gender research based on profeminist analysis of masculinities (Connell 1987, 2005, Whitehead & Barrett 2001, Haywood & Mac An Ghaill 2003, Petersen 2003, Seidler 2007) has not been widely carried out in nursing. This is evidenced by the paucity of research articles in the area which is not surprising given the numerical minority of men in the nursing profession.

It is also important to place this study within the cultural context of Ireland of the early 21st century. Gender based research in Ireland has concentrated mainly on women's and feminist research (Ferguson 2001, Ging 2009) and there is a distinct lack of research in the area of masculinities (Hearn *et al* 2002). Traditional expressions of masculinity in Ireland, reflecting a hardworking, breadwinning and stoic man, heavily influenced by moral teaching imposed by the dominant Catholic church (Ferguson 2001, Ni Laoire 2005) are challenged by the new realties for men in the post Celtic Tiger globalised Ireland. While some work has begun to emerge in Ireland (see for example, O'Connor 2000, Ferguson 2000, 2001, 2006, Goodwin 2002, Ging 2005, Gosine 2007, Hanlon 2009) there is a need for further research in the area of masculinities in Ireland.

This study aims to address the gap created by the paucity of research on masculinities in the nursing profession and in Ireland. In recognising men as gendered beings it is reasonable to assume that men who work as nurses have particular ideas and constructs of their masculinity. Indeed nursing is one of the few professions where (in the English language) the qualifier 'male' is routinely added to describe a nurse who is a man.

1.3 Aim and Research questions

The aim of this study was to investigate the experiences of men working as nurses in Ireland, how they relate to masculinities and how they negotiate a gendered identity.

Research questions:

- What are the individual experiences of being a man in nursing in Ireland?
- How do these experiences shape individual men's personal and professional relationships?
- To what extent is hegemonic masculinity an identity resource for these men?
- What gender performances and subjectivities are apparent in individual male nurses?

1.4 Conceptual framework

The epistemological view forming the conceptual framework of this study is draws on profeminist theories of masculinities. Profeminist approaches have been widely employed by researchers in the field of masculinities or critical men's studies (notably Connell 1987, 2005, Hearn 1987, 2004, Mac An Ghaill 1994, Messner 1997, Kimmel 2000, Whitehead 2002, Haywood & Mac An Ghaill 2003, Petersen 2003, Seidler 2007, Mac An Ghaill & Haywood 2007). This study follows in that tradition in recognising the need for analyses of

men as gendered and the need to consider the gendered nature of society. Alluding to the complexity of this area, many authors point out that masculinity is not a fixed term, rather one that is constantly evolving both on a global and personal level (Connell 2005, Brittan 2001, Whitehead 2002, Philips 2006, Mac An Ghaill & Haywood 2007). In line with their feminist parentage, researchers conducting profeminist analyses of masculinities approach the topic from differing epistemological stances. Beasley (2005) points out however that the range of influences, perhaps given the relative youth of this area of analysis, is not as broad as contemporary feminist thinking. Beasley (2005) further contends that the dominant approach in the contemporary studies of masculinities have a structural, Marxist background influenced also by psychoanalytic theories. The important concept of hegemonic masculinity as described by Carrigan *et al* (1985), Connell (1987, 2005) and Connell & Messerschmidt (2005) drawing on Gramscian class relations theory, could be categorised as such. In explaining how men are privileged in society and how patriarchy persists and is perpetuated, Connell posits that there are hierarchical and multiple forms of masculinities with hegemonic masculinity being the currently accepted gender practice which ensures male dominance (Connell 1987, 2005). The structures of society are seen as complicit in perpetuating gender inequality not only between men and women but also between hegemonic men and men who are marginalised or subordinate. Thus masculinities are ingrained in society and although not singular in nature become an essential identity resource for all men.

Dissatisfaction with the essentialist nature of these viewpoints has led a number of authors (see e.g. Pease 2000, Whitehead 2002, Peterson 2003, Philips 2006), drawing on poststructural theorists such as Foucault and Bourdieu and gender identity theorists such as Butler, to articulate a fluid, contextual and multidimensional expressions of masculinities which allows for multiple interpretations. These writers dispute the absolutist nature of

materialist explanations of masculinities in favour of discursive and contingent accounts. Thus while not as broad in their approaches as compared to their more established feminist colleagues, those theorising masculinities have begun to explore different theoretical possibilities.

This study rather than embracing one or other of these traditions fully, seeks to use what Mac An Ghaill & Haywood (2007) term the 'productive tension' (p 9) of drawing on the differing perspectives. This is done with reference to theories of late modernity as described by Giddens (1991), Beck (1992) and Bauman (2000). Rejecting the poststructuralist contention of the non-existence of modernity structures, late modernity theorists contend that contemporary society is characterised by an unhinging from traditionality based on the rampant and somewhat unforeseen consequence of modernity itself. In common with poststructuralists, they posit that this has resulted in uncertainty and instability and a multiplicity of possibilities, risk and opportunities for individuals and societies (Giddens 1991, 1992, Beck 1992, Bauman 2000). It is argued that theories of late modernity resonate with masculinities in that certainties about the nature of men have been gradually dismantled through the challenge of feminism and the economic decline in Western societies in the 1970s. The unhinging of traditional ideas of men as breadwinners, being emotionally wooden and automatically dominant has given much pause for thought as to what masculinity is. Traditional masculinity has become unhinged with men in some regards expected to be creative of their sense of gendered selves. Yet strong determinants of what is to be a man and masculine remain. Thus the disembedding mechanisms in late modernity noted by Giddens (1991) are similar to the changes that have taken place in masculinities. It is argued therefore that theories of late modernity offer a bridge between materialist and poststructuralist ideas of masculinities.

The findings of this study clearly demonstrate the contradictions and tensions for male nurses in identifying with masculinities. Their identification with masculinities is undoubtedly influenced by structural determinants while in the same instance a site of intense personal biographical creation. The de-traditional nature of contemporary society may weaken materialist positions and strengthen the reflexive possibilities for masculinities. However structural considerations undoubtedly remain and it is suggested that drawing on both materialist and poststructuralist theories of masculinities provides the possibility for a fuller understanding of the lives of men in the nursing profession.

This position may seem incongruent but as Mac An Ghaill & Haywood (2007) point out gender theorists (and others, see e.g. Shilling (1992, 2003) in education and the sociology the body) have begun to see the limitations of analysing gender identities solely in terms of the organisation of social structures within which they exist. Post-structuralist, postmodernist and queer theorists have opened up the possibility of analysing and interpreting gender identify outside regulating social structures. Rather than presenting a mismatch of theoretical frameworks this approach provides a richer and more nuanced analysis of the complexity of gendered identities and recognises the fact that gender relations are "a crucial point of intersection of different points of power, stratification, desire and subjective identity formation' (Mac An Ghaill & Haywood 2007 p. 9).

1.5 Self placement in the topic and cultural context

In approaching this study I feel it is important to recognise my own perspectives and subjectivities. This is in keeping with (pro)feminist thinking in recognising the voice of the

researcher as important and incapable of disregard (Deem 1996, David 2002, Whitehead 2002, Morgan 2001, Petersen 2003). This in itself can create problems of balance and trust in the research process which need to be managed and recognised. However I believe that it is impossible and undesirable to attempt to bracket or omit my own subjectivities.

My own background as a nurse is therefore an aspect which influences this study. While I have now moved away from clinical practice into academic nursing I am very much aware of the issues within the profession and the experience of being a man in the profession.

Having worked as a nurse in both The Netherlands, Australia and Ireland, in a number of hospitals and roles, I experienced variously being accepted as a man in the profession and not being accepted, at times advantage and at times disadvantage. I was always aware, both in my work and in my personal life, that being a male nurse was a bit different and not what you are expected to be as a man. My recognition of these issues is largely what has brought me to this topic as a researcher and mediates my engagement with extant theory on masculinities and nursing.

It is important also to locate this study within the cultural context of contemporary Ireland. Having emerged from decades of economic stagnation, poverty and conflict Ireland underwent transformation in the last 15 years (Foster 2007). Economic boom, subsequent bust and globalised outward facing development, marking the decline of the dominant Roman Catholic church, have changed Ireland irrevocably. These changes, while not the primary focus of this study, are important anchor points for analysis of phenomena in Ireland. The changing context of Irish society has also seen shifts in gendered patterns of life. Ireland has been slow to adopt many aspects of gender equality (Yeates 1999) despite which post Celtic Tiger Ireland is characterised by a post-feminist trend (Ging 2009). Ging (2009) argues that feminism and masculinities have become ironicised and despite never

having broken down traditional gender positions, Ireland has now moved to a cultural presumption of being beyond the need to address equality. Ferguson (2006) contends that traditional Irish masculinities are represented by a tough, rural, hardworking, self-sacrificing stoicism, bolstered by national pride and devotion to religion. These representations are less valid in the post Celtic Tiger Ireland yet strong remnants remain in the way for example the breadwinner role remains prominent and often the descriptions of what it means to be an Irish man revolve around work, or in recessionary Ireland not having work. In the context of this study these are important considerations given the relevance to work, particularly the untraditional role of male nurses in question.

1.6 Methodology

This study was carried out using a qualitative interpretive approach drawing on (pro)feminist epistemologies and methodologies (see Denzin & Lincoln 2005 p.22). In light of the questions being posed a qualitative approach, with its emphasis on broad and interpretive perspectives, was considered to be the most favoured option in terms of being able to answer the research questions. Data was collected by way of semi-structured in-depth interviews with 16 participants all of whom were male nurses. All of the participants practiced in general hospital settings, were working at staff nurse grade and were involved in direct patient care. Data was analysed, reduced and categorised into common themes based on the research questions, the extant literature in the area and on the themes emerging from the interviews themselves. Every effort was made to ensure truthfulness and rigour were applied throughout the study.

1.7 Ethical concerns

This study while presenting no apparent danger of physical harm to participants presented potential psychological issues in relation to questions and discussions around the general area of masculinities and gender which by their nature can be intensely private and closely held. This was kept in mind at all stages of the study. Ethical approval was sought and gained from the Keele University Ethical Review Panel (appendix IV) and all interviews and activities were carried out in compliance with the rules and guidance set down by the University.

1.8 Contribution to knowledge

This study makes a notable contribution to knowledge on a number of fronts. The interviews carried out expose and outline the experiences and stories of male nurses in Ireland, experiences and stories which have been given little empirical attention to date. Data exposes how men operate and find place in what is perhaps the most female of all the professions, revealing advantages and disadvantages, barriers and enablers. From a practical perspective the telling of these stories help reveal how men can continue to be recruited to the profession, something which remains a persistent problem in Ireland and elsewhere.

The relating of these experiences also contributes to the knowledge base of the nursing profession itself. The minority position and perspective portrays nursing from an angle which is untypical yet inherently part of the profession. This study reveals much about the gendered nature of the nursing profession and its continuing connection with women and femininity. Gender and nursing has largely been theorised from perspectives relating to the

relationship of female nurses with others outside the profession with little attention being paid to the internal gendered nature of the profession. This study therefore contributes to revealing how and why nursing is gendered and, through the lens of minority men, offers a view of the profession which is less well recognised.

This study also contributes to knowledge regarding profeminist masculinities in revealing male nurse masculine identities. In addressing the influential concept of hegemonic masculinity the study reveals the strengths and limitations of its application to empirical work of this nature and supports calls by other authors for the need to consider masculinities from broader more fluid perspectives. In applying a more fluid and contingent approach to masculinities this study also contributes significantly to the relationship of men to emotionality and embodiment. Given the nature of their chosen profession the participants demonstrate how emotions and issues of the body are everyday concerns, concepts usually strongly disassociated with men's lives. This study therefore offers a view of how men are emotional and embodied and how these concepts are accommodated in a masculine identity.

1.9 Structure of the thesis

Chapter 2 discusses the background to the study in more detail tracing the historical context of men in the nursing profession arguing that the position of men in nursing in Ireland is heavily influenced by the historical development of the nursing profession itself. I argue that the current status of men the profession is marked by contestation of advantage

and disadvantage, and that the modern profession remains strongly associated with femininity.

Chapter 3 outlines the theoretical background to masculinities in contemporary society. It argues that theorising masculinities from a materialist perspective offers certain values but also limitations. The concept of hegemonic masculinity is a particular focus in this regard. Poststructuralist perspectives are also discussed and critiqued. Chapter 4 provides an overview of the methodology employed for the purpose of this study and deals with procedures and ethical concerns.

In Chapter 5 the empirical data from the study is presented in relation to the personal experiences of the participants in being a man in the nursing profession. It will be argued that choosing to become a nurse and continuing to practice as a nurse can present difficulties and contradictions for men and requires negotiation and presentation of a masculine identity. Chapter 6 continues the presentation of the empirical data and concentrates on the professional experiences of the participants in the nursing profession. It will be shown that men in nursing are subject to stereotyping and are variously advantaged and disadvantaged within the work environment and that negotiating masculinity in the workplace requires careful management. In Chapter 7 the empirical data is discussed in relation to theories of masculinities. It is argued that materialist and poststructural analyses offer complimentary perspectives to the study of men in the nursing profession. Key finding in relation to emotionality and embodiment are discussed in detail. Finally, Chapter 8 summaries and offers conclusions, limitations and recommendations.

1.10 Summary

This introductory chapter has given a brief overview of this study and the background to it. The chapters that follow will examine these areas in more detail and relay the finding and discuss their relevance.

Chapter 2: Men in the nursing profession

2.1 Introduction

Nursing as a profession has traditionally, and continues to be, largely dominated by females both in terms of the demographical profile and the common perception of nursing being a task for women (Evans 1997). Male nurses number around 10% or less of the total population of nurses in most developed countries. In Ireland men make up 7.8% of the total number of nurses (An Bord Altranais 2011), in the United Kingdom that number is 10.7% (Nursing and Midwifery Council 2008), wider EU state numbers range from 2 % to 15% (Salvage & Heijnen 1997) and the United Sates 9.4% (Weinberg 2004). Arguably, it is also the case that aside from the fact that the majority of nurses are women, the professional traits often put forward as being valuable and essential to being a nurse are strongly associated with traits that have been identified as pertaining to women or being feminine (Evans 2004).

Nursing, as with many other professions, has grown and prospered in modernity as it assumed the modernist assumptions and scientific principles in the development of its knowledge base and practice (Watson 1995). Nursing however has never been a shining example of a modernity project. Its continuing links to religiosity, spirituality, domesticity and 'soft' concepts such as caring and nurturance are seen by some as impediments to true professionalisation and modernisation and others as inseparable from nursing practice. Debates as to whether nursing is an art or a science, or both (see e.g. Carper's 1978 seminal text on this issue) continue. These arguments have been linked to the feminised

character of the profession and it is unsurprising therefore that nursing scholars have been eager to explore feminist critiques of rationality, post-traditional and postmodern ideas in theorising nursing (Melesis 2007). The nursing profession has therefore struggled for recognition as a profession amid debates about the nature of nursing and debates about gender. In this chapter it will be argued that the minority of men in the profession have at various times been caught up in this struggle and can be seen as contributors or impediments to the development of the profession. On the one hand contemporary society, with its value on diversity and reflexive ways of being, accommodates men in the profession, while on the other the historical echoes continue to exclude them and creates new exclusions. This chapter will explore the literature in relation to men in the nursing profession, both past and present, and parse some of the themes and issues that are relevant for men in the profession today. It will be argued that the feminisation of the profession stems from history but is also perpetuated in contemporary nursing in a number of ways.

2.2 Historical context of men in the nursing profession

While it is beyond doubt that modern nursing is numerically dominated by females, the gender profile of nursing from a historical context is somewhat more disputed (Maggs 1983, Macintosh 1997, O'Lynn 2007). O'Lynn (2007) contends that the relatively recent feminisation of nursing has led most nurses and nurse historians to ignore the history of men in nursing. Evidence from ancient civilisations in Babylon, Greece, Rome and India suggest that men were often involved in care for the sick in nursing type roles (Bullough 1994, O' Lynn 2007). With the advent of Christianity and the promotion of a caring charitable ethos, caring for the sick and destitute outside of familial environment became

more common. St Phoebe (circa 60 C.E.) is sometimes referred as the first Christian nurse while her male counterparts St Ephrem (circa 350 C.E.) and St Basil (circa 370 C.E) are also accredited with being early nursing pioneers (Nuttig & Dock 1935, O'Lynn 2007). Perhaps the most significant historical evidence of men in nursing roles can be traced to the military nursing orders and monastic orders emerging in the early second millennium. Military nursing orders such as the Knights Hospitallers of St John of Jerusalem, the Templar Knights and the Knights of St Lazarus were founded to defend Jerusalem during the Christian crusades and subsequent protection and care of pilgrims who travelled to the Holy Land (Mackintosh 1997, Evans 2004). It would appear that at various points in their history these orders fluctuated between militarism, care for the sick and even hospitality for non-sick pilgrims to the Holy Land (O'Lynn 2007). The Knights Hospitallers of St John of Jerusalem survive today as the Sovereign Order of Malta and continue in their work in caring for the sick (Order of Malta 2012). Religious orders such as Brothers of St Anthony in France, the Alexians in Germany in the 12th century and the St John of God Order founded in Portugal in 1495 continued the tradition of men in nursing through the middle ages and into the modern era. The Alexians in particular were instrumental in the continuing the tradition of male nursing care and instigating modern nurse education for men in the 19th and 20th century at a time when nursing and nursing education had become largely feminised (O'Lynn 2007, Mann 2009).

Some authors have labelled the period 1500-1800 a Dark Age of nursing (Dock & Stewart 1938, Mellish 1990) due to the stagnation in nursing at this time. Political upheaval and power struggles within the Roman led Church and Protestant Reformation curtailed the work of nursing religious orders and resulted in the closure of monasteries and cloisters. The prevailing principles of liberalism and rationality which accompanied the Industrial Revolution did little to improve matters as Dock & Stewart (1938) comment a 'general

apathy and indifference to suffering' (p 96) developed. Thus while the emergence of rational science benefited most professional groupings both extant and aspiring, nursing suffered a decline.

Industrialisation, while bringing prosperity to some, also brought urbanisation, displacement, urban squalor and poverty to many others. State responses in Britain and Ireland were to legislate against poverty in the form of Poor Laws, distinguishing between 'genuine' poverty and the 'undeserving' poor (Fealy 2006). What little nursing that did take place in these institutions was carried out by other poor 'pauper nurses' (Miers 2000). In the community, nursing care and midwifery care was carried out by women of low status whose role became disreputable and is characterised in fiction as the gin loving Nurse Gamp in Charles Dickens' Martin Chuzzlewit. In higher class households private nurses were employed to deal with illness and appear to have been part of the servant class (Miers 2000). Male nurses were not prominent in this period and although men certainly worked in the newly formed asylums, their role was more akin to that of keepers and gaolers. O'Lynn (2007) suggests that it is also probable that many 'man-servants' in large households also carried out nursing functions and that men continued to nurse in military situations.

2.3 Reform, modernisation and Florence Nightingale

By the mid-19th century the Enlightenment ideas of modernity and the development of medical science heralded the advent of modern hospitals. The realisation that mass treatment of patient illness in hospitals was possible heightened the call to reform nursing

and the disorganised and often corrupt institutions. The moves to reform were supported and pursued by social reform minded gentry in the UK and Ireland (Fealy 2006).

Florence Nightingale is accredited with being the main force in pulling nursing into modernity and founding the modern profession. At the core of Nightingale's modernising project was her organisational and political ability. From a wealthy well educated background she first became famous for her work in bringing a group of nurses to the Crimean war where she set about approaching the care of wounded soldiers in a revolutionary way based on compassion and cleanliness (Baly 1986). On return to England her emerging fame and class connections assisted her in setting set up a fund to establish a training school for nurses in St Thomas's hospital in London (Dock & Stewart 1938). Nightingale, a prolific writer and activist, with good political connections, continued to campaign for sanitation, organisation and hygiene and the need for a compassionate approach to caring for the sick. While others had recognised the need for nurse training it was Nightingale's political ability which brought these ideas to the forefront. The subsequent development of nursing and nurse training, in the UK and further afield, mirrored Nightingale's model.

The adoption of the Nightingale model, while founded on sound scientific principles and with undoubted benefits for public health, had the consequence of dismissing men from the profession (Macintosh 1997, Brown *et al* 2000, Evans 2004, O'Lynn 2007). This feminisation of nursing stemmed from Nightingale's belief that men were not suited to nursing and that it was natural disposition for a woman to be a nurse (Macintosh 1997, Brown *et al* 2000). She is quoted as commenting that men's 'hard and horny' hands are not suited 'to touch, bathe, and dress wounded limbs, however gentle their hearts may be' (Summers 1988). Much of her doctrine on nursing commented not only on the abilities

necessary to make a good nurse but also the personality and ladylike qualities required. Hence nursing became cast as a suitable occupation for young women of good character and standing (Miers 2000, Evans 2004). Devotion to service and lady like qualities were espoused resulting in an overt feminisation of professional nursing.

Nightingale's bias for female nurses was also political in nature. Miers (2000) points out that she saw value in promoting nursing in this way to liberate Victorian women, particularly of the upper and middle classes, and allow them to work outside the home. The development of nursing thus became a women's project although Nightingale credentials as a feminist were, even at the time, called into question (Wuest 1994). Despite extolling the virtues of women as professional nurses she supported Victorian patriarchal family and class structures. Nightingale's doctrine on nursing therefore supported obedience to medicine (as the father figure) and supported the idea of altruistic acts of 'lady nurses' to the lower classes (Baly 1986, Meirs 2000).

Men did however continue to be involved in nursing care in some areas in the late 19th and early 20th century. Asylums, also subject to a degree of reform, continued to employ men as nurses where a degree of modern nursing care and medical treatment were introduced as was education for men working in these environments in 1890 (Mackintosh 1997). Mackintosh (1997) also points to associations and organisations in the late 1800s which provided the services of male nurses, valets, masseurs and attendants. Evidence also exists of men's continued involvement in military nursing during the American civil war and in the UK and Ireland in the early 1900s (Villeneuve 1994, Miers 2000) although the exclusion of men from nursing in the American armed forces from 1901 onwards began a trend of active dissuasion and regulation of men away from nursing (Sartias *et al* 2009).

While the portrayal of nursing as a job for women acted as a social impediment to men entering nursing the move towards state licensure and registration was soon to become a regulatory impediment. Campaigns to have legislation for nursing registration began to emerge on both side of the Atlantic in the early twentieth century (Dock & Stewart 1938, Macintosh 1997, Miers 2000, O'Lynn 2007). As in other professions the rationale for seeking registration centred on a move to protect and demarcate the nursing profession (Dock & Stewart 1938). The movement was also as much about the exclusion of certain groupings and ensuring the dominance of others. Dingwall *et al* (1988) points to the fact that while the Nightingale type lady nurses were in the ascendancy threats to their dominant position, real or perceived, came from military nurses returning from the First World War and continuing influence in some area of the religious orders. Division also emerged within the Nightingale nurse movement by those who were strong supporters of women's suffrage (notably Ethel Bedford-Fenwick in Britain) who wished to gain registration so as to achieve complete autonomy for women nurses as professionals, independent of the male run hospitals, and those who wished to retain the locus of control of matrons or lady superintendents within hospitals (Dingwall 1988, Miers 2000). Nightingale was on the side of retention of the hospital based system and was therefore opposed to registration as she saw it as being contrary to the vocational element of nursing. The resulting compromise whereby State Registration was in place but not a requirement to work in a hospital was further diluted by the introduction of supplementary or secondary status registers (Miers 2000).

Crucially for men, the Nurses Registration Act of 1919 in Britain and the corresponding Nurses Registration Act (Ireland) allowed trained male nurses only partial registration on such a supplementary register (Dingwall *et al* 1988, Fealy 2006). Registration acts in the United States and Australia and other countries followed similar patterns (Villeneuve 1994,

O'Lynn 2007, Saritas *et al* 2009). Female and male general nurses were given equal registration status in Britain in 1946 (Mackintosh 1997) but it was not until 1986 in Ireland that the inclusion of men on the full register was introduced. Thus, while the pursuit of an exclusively female registered profession, as envisioned by Bedford-Fenwick and others, did not materialise, the process of registration did lead to secondary status for male nurses for a large part of the twentieth century in many countries.

With the introduction of registration and standards for training for nurses, education and nursing schools became formalised requiring aspirant nurses to attend and complete a recognised and accredited training course. Opportunities for men to do so were scant. In the UK only eight schools of nursing admitted men as trainees (Mackintosh 1997). Similarly in US few schools admitted men although there were a small number of schools for men only (numbering 4 in 1939) (O'Lynn 2007). Gradually, however barriers to men's full participation in the profession were removed on both sides of the Atlantic. Some of this increase in acceptance required legislative change, for example as late as 1982 in the US (O'Lynn 2007). Other factors such as the move of nursing into higher education institutes and away from hospital based schools of nursing facilitated the pathway for men. Wartime shortage and need for men with nursing skills in the battlefield also furthered the entry of men into the profession and resulted in growing number of male nurses in civilian life are as a result of demobbed army nurses (Miers 2000). However, this did not result in huge amounts of men entering the profession. While certain areas such as psychiatry continue to attract proportionality large numbers of men, Miers (2000) points out that the post Second World War spike in numbers of returning male army nurses saw percentages in the UK peak at 15.5 % . These numbers decreased to the present day levels of 10% or less in the decades thereafter. The figure of approximately 10 % is mirrored in most

developed countries (O'Lynn 2007) at the present time and despite fluctuation at certain periods in certain areas these figure have remained largely stable.

2.4 Men in modern nursing

While the number of men in nursing has stabilised at around 10% in Western societies, these men have established a place within the profession. This is evidenced by the body of literature that has grown to address particular issues and themes around men in the modern profession. Two overriding themes emerge, one which points to the difficulties and disadvantages for men in the profession, and another which points to advantageous and preferential treatment. Thus the place of men within the profession remains a subject of debate and curiosity in some quarters. These issues will be explored in the next section.

2.4.1 Barriers to entry

There is a widespread recognition of the difficulty for men in choosing nursing as a career and of the lack of encouragement men and boys receive to enter the profession (Villeneuve 1994, Whittock & Leonard 2003, Evans & Blye 2003, Stott 2004, La Rocco 2007). The perception of nursing being suitable for women only and being feminine is chief among the difficulties experienced in this regard. Hence studies such as Poole & Isaacs (1997), Inoue *et al* (2006) and Chou & Lee (2007) point to how men are discouraged by the feminine connotations of nursing. Linked to this is the idea that the characteristics required to be a

nurse are also supposedly inherently feminine. Consistently over time and across international borders there would appear to be consensus that the primary motivating factors in the decision to become a nurse is the desire to care and nurture others, altruism, and the desire to fulfil a childhood (girlhood) dream (While & Blackman 1998, Beck 2000, Rheaume *et al* 2003, Whittock & Leonard 2003, Romem & Anson 2005, Mooney *et al* 2008, Newton *et al* 2009, McLaughlin *et al* 2009). All of these concepts, equated as they are with inherent femininity, present a significant barrier for men in choosing to be nurses. Portraying a desire to care, nurture or be altruistic is particularly difficult for boys of school leaving age. Men choosing to nurse can therefore suffer from stigmatisation (Whittock & Leonard 2003) and have a perception of spoiled masculinity (Evans & Blye 2003).

For men who have entered the profession, research shows that their motivations tend to deemphasise caring, nurturance and altruism. Men tend to emphasis the career prospects and job security offered by nursing, the influence of family members and the technical professional elements which drew them to nursing (Romem & Anosn 2005, Ellis *et al* 2006, Chou & Lee 2007, La Rocco 2007, Kulakac *et al* 2009, Ierardi *et al* 2010). Yet a number of authors counter that men are motivated just as much as their female colleague by a desire to care and work with people (Ekstrom 1999, Boughn 2001, Ierardi *et al* 2010) but that they are impeded by cultural norms of masculinity and the female perceptions of nursing from expressing this. Thus little encouragement is given to males to pursue nursing as a career from a cultural perspective. On a practical level a number of authors have also pointed to the lack of male nurse role models and the failure of career guidance in school to promote nursing to men as being key factors in making it difficult for men to choose to be nurses (Whittock & Leonard 2003, O'Lynn, 2004, La Rocco 2007, Curtis *et al* 2009). Thus choosing a career in nursing for men remains difficult.

2.4.2 Socialisation and acceptance

A number of authors, particularly from a Northern American perspective, point to particular problems for men integrating into nursing and identifying with the profession, a process which begins on entry to nurse education (Paterson *et al* 1995, Brady & Sherwood 2003, O'Lynn 2004, Ellis *et al* 2006, Smith 2006, Grady *et al* 2008, Dyck *et al* 2009, Ierardi *et al* 2010). The main thrust of much of this literature is the high attrition rates of male nursing students, often based on the premise that nursing faculty and education systems are geared towards females and are gender blind to men. Men in these studies reported experiences of being singled out, not being made feel welcome, struggling with emphasises on pedagogical strategies geared towards women and negative experiences in relation to obstetrics and gynaecology rotations (Brady & Sherwood 2003, Ellis *et al* 2006, Dyck *et al* 2009). In North America this is against a backdrop of drives to recruit more men to alleviate nursing shortages. Similar themes emerge in research and literature from Australia (see for example Stott 2004, 2007) and to a lesser extent in the UK and Ireland (Whittock & Leonard 2003, Keogh & O'Lynn 2007, McLaughlin *et al* 2009).

In contrast some research found that men gained certain advantages as a minority group in nursing education and that experiences of education are not universally negative either (Stott 2004, Ierardi *et al* 2010). Men who entered as mature students also experience significantly less problems in this regard and seem to be more able to socialise into nursing education (La Rocco 2007).

The literature suggests that men continue to experience certain process of isolation and difficulties in acceptance in the nursing profession beyond their student years. These range from feelings of discomfort in the social surroundings of nursing (Williams 1992, Evans &

Blye 2003, La Rocco 2007) to being actively excluded from certain areas of practice (Whittock & Leonard 2003, O'Lynn 2004). Men can be made to feel out of place, uncomfortable and approach their professional roles carefully or as 'cautious caregivers' Evans (2002). Providing care to women, which involves touch and contact with intimate areas of the body, are particular areas of difficulty and men are often excluded from these areas by female colleagues and by patients (Poole & Isaacs 1997, Lodge *et al* 1997, Morin *et al* 1999, Chur-Hansen 2002, Keogh & O'Lynn 2007). A small number of studies have been carried out which seek to determine patient's perceptions of male nurses. Patients, particularly younger women, voiced discomfort with male nurses or preference for female nurses for particular procedures and in particular clinical settings, principally gynaecology and obstetrics (Lodge *et al* 1997, Morin *et al* 1999, Chur–Hansen 2002). However Lodge *el al* (1997) found that previous experience of being cared for by a male nurse was more likely to make patients less uncomfortable. Although Chur-Hansen's (2002) study points to the fact that for intimate procedures male patients also prefer male nurses, little research with men in this regard has been carried out.

Midwifery and gynaecology care arise as being a problematic area for men to work in and are often deemed 'no go' areas for male nurses (see e.g. Williams 1992, Abrahamsen 2004, Evans 2004, Inoue *et al* 2006). In certain countries and states legislative barriers for men working in these areas have only recently been removed (Villeneuve 1994, Lodge *et al* 1997). This represents an area of nursing where there is clear discrimination against men. Men reported being not welcome in these areas through a combination of female patients being uncomfortable and a culture within the nursing profession which deems them unsuitable to be there (Lodge *et al* 1997, Keogh & O'Lynn 2007).

In more general terms male nurses' physical presence and touch is less accepted than the touch and physical presence of female nurses. Men report having to be careful about touch for fear of being accused of sexual abuse or molestation (Evans 2002, Evans & Blye 2003, Grady *et al* 2008, Simpson 2009). Thus men continue to experience a sense of otherness or non-acceptance in certain contexts.

2.4.3 Assumptions about sexual orientation

A common theme in much of the literature on men in nursing is discussions around the presumptions of male nurse being gay. This is closely aligned to perceptions of effeminacy stemming from the female image of nursing and the linking of effeminacy to homosexuality and hence suitability for nursing. It is a view reinforced by popular culture with media portrayals of male nurses as gay or of 'questionable' sexual orientation. For example Ben Stiller's male nurse character in the film *Meet the Parents* is in a relationship with a woman but is portrayed, by virtue of his name Gaylord Fokker, as being probably gay. The idea that male nurses are gay is prevalent and persistent and is an issue that has been to the fore in much of the research around men in nursing over time and across cultural boundaries (Heikes 1991, Williams 1992, Villeneuve 1994, Evans 1997, Meadus 2000, Miers 2000, Harding 2007). The implication of the construction of male nurses as gay is variously thought to impact on the recruitment of men to the profession (Villeneuve 1994, Meadus 2000) and to marginalise or stigmatise those in the profession (Heikes 1991, Evans 1997). While other occupations and professions (certain types of teaching, hairdressing and childcare) also carry similar stereotypical imagery (Nordberg 2002, Cross

& Bagilhole 2002) little research has been carried out around the specific topic of the portrayal of male nurses as gay or the experiences of gay men who are nurses.

Harding (2007) does directly address the issue in a qualitative study with a sample of male nurses. Interestingly he found that while it may be commonly conceived that gay men are suitable to be nurses, men, gay or straight, experience a difficulty in carrying out bodily care by virtue of homophobic perceptions that gay men are sexual predators. Harding (2007) also found that gay men who are nurses felt that the nursing profession and the healthcare environment more generally are homophobic and therefore difficult to progress in as a gay man. This would appear to offer a paradoxical view that a commonly conceived way of being a male nurse is not one which is readily accepted. Evans (2002) points also to the fact that perceptions of being gay are often linked to deviant sexual practices and portrays the male nurse as dangerous or threatening. This is a particular problem given the need for bodily contact and touch in the course of male nurse work.

2.4.4 The He-man and the technician

The male body is in other ways coveted in nursing, not always to the liking of male nurses. In what Heikes (1991) termed the 'HE-Man' role trap, a number of studies point to how men perceive that they are (ab)used for their brawn to lift immobile patients and carry out restraint and physical control of aggressive or confused patients (Williams 1992, Brooks *et al* 1996, Milligan 2001, Whittock & Leonard 2003, La Rocco 2007, Simpson 2009, 2011, Keogh & O'Lynn 2007, Curtis *et al* 2009). In the main men objected to this stereotype and found it demeaned their contribution to nursing and their professional role. In some cases

however men used their physical prowess as an affirmation of masculinity or simply saw it as normative that men should do the heavier work (Heikes 1991, Simpson 2011).

In a similar way men are expected to be good at the more technical aspects of nursing and interested in areas which require a lot of technical ability. This is a construction of nursing that can be supported by male nurses themselves and, as Lindsay (2008) found, men take pride in their technical ability and use this to mark out an area of superiority for men in the profession. It has also been long assumed that technical ability is the reason that men gravitate towards specificities such as Accident and Emergency and Intensive Care (Villeneuve 1994). While this quality in male nurse can be valued within the profession it is countered by others that men use these skills as an opportunity to escape the hard slog and daily grind of nursing work and particularity as a way of getting away from the 'dirty' work of washing and cleaning associated with care of the older person and other such specialities (Williams 1992, Simpson 2009).

More generally men consider themselves to be more organised and efficient in the way in which they approach nursing work (Evans 2002, Milligan 2001, Nilsson & Larsson 2005). Linking this to instrumentality Simpson (2009, 20011) and Evans (2002) posit that men use this as a strategy to reinforce masculinity and that men tend to portray an image of control and purpose and set this off against a female nurse who is 'fluffy' and less in control of work. Similarly, in Milligan's (2001) study, men were critical of the disorganised fashion by which their female colleagues went about their work and distinguished between male instrumentality and female emotionality and messiness. While there are certain advantages for men in being portrayed in this way and while these qualities are often seen as positive within the profession, it also sets men apart from the emotional side of nursing (Simpson 2011) and feeds a notion that men cannot fully fulfil

the role of a nurse. Thus while certain perceptions and stereotypes persist which negate the role of the male nurse, reflexive constructions more compatible with masculinity are also created and used to gain opportunity or advantage for men.

2.4.5 The careerist

A distinct perception of advantage or opportunity emanates for the idea that men are more driven to succeed and more likely to be promoted within the profession. While there is evidence to support the fact that men do indeed enter the profession with a career focus (Zysberg & Berry 2005, Ierardi *et al* 2010) this may be attributable to the differing traditional attitudes towards work which are seen as normative for men and women. It is expected of men to focus on a progressive career and to pursue a masculine work project (Whitehead 2002). Within the profession the response to male careerism ranges from suspicions and fears that men are taking over to a response which exalts and encourages male nurse career progress.

The fear that men will take over this very female profession is evidenced particularly in literature which is critical of the fact that men occupy proportionally more senior roles in nursing in relation to their numerical minority (Heikes 1991, Williams 1992, Finlayson & Nazroo 1998, Evans 2002, Abrahamsen 2004). In this narrative men are seen to gain advantage in promotion by virtue of their gender and at the cost of more experienced and better qualified female colleagues. Williams (1992) in inverting the glass ceiling metaphor termed this phenomenon in nursing the ‘Glass Escalator’. In the UK a number of authors argue that this process has been facilitated by the restructuring of the health service

following the Salmon report in 1993 (Davies 1995, Evans 2004). The introduction of a business ethos and the bureaucratisation of nursing advantaged men over women in promotion and men quickly inhabited new management roles. Other authors posit that men seek promotion in order to escape the bodily work of nursing and the bedside (Heikes 1991, Stott 2004, Ellis *et al* 2006, Simpson 2009) because it is easier and but also to escape the feminine connotations of the direct care work.

Despite the dissatisfaction expressed by many as to the advantage afforded men in the nursing profession, there is evidence that female colleagues are complicit in this process and actively encourage men to seek promotional posts (Williams 1992, Evans 1997, Evans 2002, Evans & Blye 2003, Abrahamsen 2004, Simpson 2009, 2011, Curtis *et al* 2009). The reasons for this have been variously attributed to female nurses' belief that promoting men will make the profession stronger, a view that it is normative that men should be in charge or a desire to remove men from the bedside as they consider men to be inappropriate to core nursing work (Williams 1992, Evans & Blye 2003, Simpson 2011).

While the phenomenon of men being afforded advantage in terms of promotion is much commented on, the evidence supporting the actual advantage is scant.

The sources quoted with regard to male dominance in senior posts in nursing are often dated and lack statistical evidence as a basis for the claim. The one UK based study which does use statistical analysis to present this case (Finlayson & Nazroo 1998) draws on a sample and data set that was designed for a different analysis (the ethnic background of nurses) and the method by which the control applied to analyse gender is not altogether clear. In Ireland, figures obtained from the Heath Service Executive, the largest employer of nurses, regarding the gender breakdown of promotional nursing grades provides some further insight (see Table 1). The figures for all nurses employed by the HSE indicate that

men are proportionally more likely to be a in promotional posts (Clinical Nurse Manger 1 and above) than women (20.65% of women are in a promotional posts compared with 27.48% of men). When the figures for psychiatry, where men represent 41% of nurses, are removed however, men are actually disadvantaged in terms of their proportional representation in promotional grades (see Table 2).

Table 1: *All nurse employed by the HSE (July 2011)*

	Total	*Female*	*Male*	*%Male*
Total number of nurses Employed	42,771	39,310	3,461	8.09
Number in Promotional posts	9,050	8, 099	951	10.51
% in promotional posts in relation to gender total		20.60	27.48	

Table 2: *All nurses excluding psychiatric nurses employed by the HSE (July 2011)*

	Total	*Female*	*Male*	*%Male*
Total number of nurse Employed	41,220	38,330	2,890	7.01
Number in Promotional posts	7,499	7,119	380	5.07
% in promotional posts in relation to gender total		18.57	13.15	

These are raw figures taken at a single point in time and do not represent trends or changes. It may also be the case that this is an aberration in comparison to other countries and

territories. This remains difficult to discern however given the lack of figures presented in other work. Perhaps the representation of masculine organisations (see e.g. Davies 1995) is the overriding factor in the portrayal of managerial advancement for men in the nursing profession rather than the achievement or positions of male nurses collectively. The place of the male nurse in the profession indicates a complex picture of advantage and disadvantage. It would seem it is possible for men, the nursing profession and society more generally to accept the concept of men being nurses. However difficulties remain and the unevenness of evolution in some areas is also evident.

2.5 Why is nursing considered to be women's work?

As can be seen from above, the long shadow of history undoubtedly continues to effect the portrait and perception of nursing in the 21st century. However, in the one hundred and fifty years since Florence Nightingale was active, nursing has developed and evolved as societal changes, norms and contexts have altered and shifted. Modern nursing continues to be strongly aligned with femininity and women's work. While the setting of this tone by Nightingale and others in the Victorian era is undoubtedly connected to the phenomenon, it does not fully or adequately explain why this remains to be so. Certainties and acceptance of norms in the Victorian era made it relatively straightforward to convey nursing as being only for women, just as in most other professions where it was unthinkable that there would be any women. The plurality, individualism and consumerism of contemporary societies offer no such easy categorisations. Feminists have, with some success, argued that there is nothing inherently male or requiring of masculinity about professions which

have been traditionally male dominated, such as medicine and law. Yet despite the shifting narratives and histories nursing remains firmly aligned with being feminine.

Miers (2000) argues that early modern nursing emphasised the domestic aspect of nursing work, in an assistive role to medicine, thereby reinforcing the idea that nursing work was an extension and channelling of natural female virtues. Indeed early nursing did not concentrate on things like disease and cure or restorative processes until nurse theorists such as Henderson, Peplau, Roy and others began to try and capture the unique contribution of nursing to healthcare beyond domesticity and the support role to medicine (Miers 2000). It remains the case that factors relating to the actual work that nurses do are equally as important in explaining the continuing feminine image. Strong alignment of nursing with mothering, nurturing and homemaking gives rise to much of the narrative of the nursing profession being the preserve of women. However it is the primacy of caring and how caring is interpreted and carried out in nursing which is key to its identification with women.

Twigg (2000) points out that in the English language caring is a slippery concept that belies easy definition or analysis. It conjures up images of warm emotional relationships and is not always associated with physical care. The nursing profession has agonised about the concept of caring for many years principally as to how nursing care can be defined as professional yet remain warm and inclusive. Caring and nursing are synonymous and variously described as the essence of nursing practice, a necessary attribute for practice or actually being practice itself (Rolfe 2009). It is beyond the scope of this study to rehearse all of the arguments regarding caring and nursing but in whatever way caring is defined for nursing, it remains associated with women and femininity. It could be argued on the other hand that it is nursing that gives its own particular feminine

slant to caring, doctors after all provide medical care that is not seen as feminine, in fact quite the opposite. Nursing 'caring' however continues to retain its association with female work, nurturance and something that comes naturally to women (Poole & Isaacs 1997). It is perhaps more concrete and tangible than this. People outside the profession are not aware of the long running debate about caring within the profession (and probably don't care). They do however base their assumptions about the nursing profession on what they see and know about what nurses do. In this connection nursing care is manifested by two main elements which provide its gender code.

2.5.1 Nursing as emotional work/labour

The extent to which nursing involves extensive emotional work has been commented on by many authors (James 1992, Davies 1995, Miers 2001, Bolton 2000, 2001 Henderson 2001, Gray & Smith 2009, Gray 2009, 2010). Engagement with the emotions of patients is seen as being central to nursing care often with the expectation that this is achieved through significant emotional investment on behalf of the nurse. Thus the management of their own emotions and those of patients is a key concern for nurses. As Gray (2010) points out the origins of nurses as emotional supports and guardians stems from the 'angel of mercy' imagery created by Nightingale and wartime portrayals of nurses. However the profession continues to value emotional work in the modern era through calls for holistic care and the increasing emphasis on psychological and social care (Gray & Smith 2009). The marketisation of healthcare and the rise of a consumer-orientated model have also pushed the agenda of emotional labour. As part of a general move toward the recognition of the

value of emotions in the work environment (see Kerfoot 2001), a number of authors, drawing on the work of Hochschild (1983), underline the emergence of a managerial driven ethos of emotional care for the consumer and the advantages for the organisation (Bolton, 2000, 2001, Gray & Smith 2009 Gray 2009, 2010). In studies in this area nurses themselves value emotional involvement and see it to be essential to their role as nurses and essential to the intrinsic reward to the professions (Henderson 2001, Bolton 2001, Gray 2010).

The value placed on emotional work by nurses, the nursing profession and certain elements of consumers/management theory gives rise to certain risk for nurses. Emotional investment of self, in often difficult patient situations, risks burn-out, stress and personal angst for nurses (James 1992). On the other hand "playing out" emotional roles for the sake of the organisation can also be damaging and de-motivating (Bolton 2001) and in conflict with a genuine desire to carry out emotional work. It is also the case that while nurses may place value on emotional work it is not valued by others, at the heart of which is the perception that emotional work is women's work.

Heavily invested as it is in emotional work, nursing therefore strongly identifies with the feminine. The Parsonian consignment of women to the expressive/emotional, unpaid, homemaking sphere and men to the rational, public, and paid sphere give rise to the expectation that nursing work was naturally women's work and not of great economic value (Henderson 2001). Nursing, in this light, is then an extension of a normative female role and it is natural that all nurses should be women. The gendered nature of emotional work is particularly visible in the health setting in considering nursing and medicine. Nurses seek to become emotionally involved with patients as opposed to medicine who actively distance themselves from patients because the emotions would interfere with a

rational diagnosis, emphasising the theme of the rational versus emotional (Davies 1995). Nurses are seen thus to slot easily in to the emotionally supportive mother role while the medic assumes the distant rational father role.

Thus emotional work being a defining feature of nursing delineates nursing as feminine. While modern day practice has moved somewhat from the 'angel of mercy', doctors handmaiden imagery, the emotional aspect remains at the core of nursing. This presents a bind for those wishing to distance nursing from unprofessional and undervalued work. Any attempt to distance nursing for emotional work will be treated with suspicion and resistance from within, yet the strong association with the expressive remains an anchor to undervalued, unpaid work.

In a late modern context there is an advantage for a profession that has a tradition of reflexive emotional engagement with patients and itself. In the uncertainty of contemporary life such skills are valuable and in a general sense women's abilities in this regard have been posited as making them the 'reflexive winners' in negotiating the conditions of today's society (Beck 1992), although this claim has been hotly contested by many feminists (see e.g. Mulinari & Sandell 2009). The casting of nursing in this way also presents an obvious difficultly for men who wish to work in the profession. Coming from a masculinities perspective Seidler (1994, 2005) highlights how men have been divorced from emotional lives in favour of a modernity project of rationality. This then is an obvious prescription for men to become doctors and not nurses.

2.5.2 Nursing as bodywork

In sociological terms the body, until relatively recently, has been largely ignored (Shilling 2003). The Cartesian separation of body and mind served to foster the belief that the body in itself was but a functional vessel and unworthy of being theorised. As Whitehead (2002) points out however sociologists from the French tradition such as Foucault and feminists particularly have revealed the body and its sociological importance. Nursing has a long association with the body yet here too it has been relatively under-theorised (Shakespeare 2003). Nurses carry out most of their work on patient's bodies and with the primary tool of this work being their own bodies. Lifting, changing dressing, injecting, washing, holding, rubbing, and measuring are all activities nurses do on a daily basis, all of which requiring close bodily proximity to the patient and active use of their own bodies. Sandelowski (2002) proposes that patients link nurses so strongly with bodily care work that they confer the term 'nurse' on any individual who carried out this type of role, be they nurse or not. Yet Sandelowski (2002) also ventures that nursing practice developed in modernity to ignore the flesh and blood body in favour of the more distant objective biomedical body and more latterly, to close the Cartesian divide, nurses recognise the need to address the embodied individual through the espousal of holism. Nursing is rooted therefore in bodywork and how the embodied patients live through experiences of wellness and illness (Lawler 1991).

Bodywork can present a problem for nurses. Twigg (2000) and Ashforth & Kreiner (1999) note that Western society considers bodywork to be dirty, unclean and unskilled. While the health professions are all involved in bodywork so are undertakers, sanitation workers and prostitutes. Within the health professions the body is hierarchically distanced. Doctors, at

the pinnacle remain detached and objective from the body, diagnosing, assessing and treating from afar. Within nursing, hierarchical structures mean that promotion and advancement in the profession means moving away from the bedside and the body (Twigg 2000, Shakespeare 2003, Fisher 2009). The focus on both biomedical knowledge and holistic approaches intellectualises the bodywork that nurses do and renders it more acceptable. Language is used to distance nurses from the actuality of bodywork, thus voiding, bowel motions, emesis and expectorate replace pissing, shitting, puking and snot.

Nursing work involves a mixture of physical strength, acute sensory observation skill, fine manual dexterity and a tender touch. How nurses use their own bodies as the instrument of their work is also at issue and is also not without problems for nurses. Nurses' bodies can be at risk and can be abused, for example back injury is rife and assaults in acute units are not uncommon. On the other end of the scale nurses have been shown to very effectively use touch as a mean of carrying out their role (Routasalo 1996). Nursing touch is often described as necessary or unnecessary, instrumental in nature (i.e. doing a procedure) or expressive in nature (laying a reassuring hand on a shoulder) (Shakespeare 2003). This is an area that is somewhat under- theorised in nursing and perhaps is taken as normative or natural; the reassuring hand on the shoulder certainly fits in with idealised portrayals of nurses.

Finally, bodywork generally, and hence the bodywork of nurses, is gendered and considered to be feminine or women's work. Twigg (2000) posits that there are a number of reasons why this is so. Women are considered to be earthly and more bodily aware, as opposed to men who are detached and rational, linking again to modernity ideals (Twigg 2000, Seidler 1994, 2005). Bodywork is linked to women through the reproductive capabilities of their bodies and care for children and how the bodily activities involved in

this are kept private and hidden away mostly in the home (Twigg 2000, Bolton 2005). Female nurses therefore are considered to have an inherent ability to do bodywork and just as they silently regulate the home environment out of the public eye, the bodywork of nursing goes on behind the screens in preparation for the visit of the masculine, rational medic (Lawler 1991, Twigg 2000). Twigg (2000) also notes that women have greater access to bodywork than men. Women touching and coming in close proximity with other individuals of either sex is readily accepted. The perception of predatorial male sexuality restricts men in this regard (Harding 2007) and where men are involved in bodywork it is governed by gendered rules of what they can and cannot do. This last point illustrates why relatively little attention is given to bodywork in nursing literature. The stereotypical nurse is the epitome of someone who is a bodyworker, accepted, even admired for her work as long as it is kept discreet and away from the public eye. It is part of the culture of nursing and hence not problematised. However bodywork is often problematised in literature regarding male nurses (Lodge *et al* 1997, Evans 2002, Evans & Blye 2003, Abrahamsen 2004, Inoue 2006, Harding 2007, Fisher 2009) reinforcing the idea that nursing bodywork is normatively feminine and considered not for men.

2.5.3 Nursing in the political and gender order

Much of the literature discussing gender issues in nursing revolves not around nursing itself but on forces and structures outside nursing. Perhaps given the gender homogeneity of nursing it is considered that there is no need for a discussion about gender within the profession. Davies (1995) points out that equality legislation did little for nursing. There was no pressing need to ensure that more women entered the profession given that the 90%

are already female. Davies (1995) suggests therefore that nursing problems with gender inequalities lie with the treatment of nurses by others, by the masculine nature of bureaucracy and organisational life rather than from forces within. Davies (1995) points for example to the Sex Discrimination act in the UK legislating to allow men enter midwifery;

> ‘ Nor is it easy to pinpoint direct benefits to women as nurses in the Sex Discrimination Act- opening midwifery to men in the strict sense made opportunities more equal, but could hardly be seen as a measure for women’
>
> Davies (1995 p.44)

This raises in itself an interesting issue as to whether equality legislation is relevant only to women; however the point being made illustrates the difficulty for nursing and other female dominated profession in dealing with gender inequality. While contemporary societies may be characterised by opportunity and possibility of change, structural impediments remain and can even be reflexively further ingrained. Thus inequalities existing at macro level for nursing may be more about the subjugation of the whole profession, because it is coded female, rather than the subjugation of individual women per se.

Miers (2001) further argues that for a variety of reasons, emanating from conceptualisations of nursing, the profession continues to be held in a gender subordinated position. These include the relationship with medicine, the historical portrayals as self-sacrificing angels, and the modern portrayals as slut or sexual plaything (Kelly *et al* 2011). All of these images portray nurses as subjugated, weak and lacking in a strong political platform (Davies 1995, Miers 2001) and thus poorly positioned in the socio-economic and

gender order. This is further evidence of how the continuing association with femininity, in the political sense, has not been beneficial to nursing.

2.6 Summary

This chapter has traced the historical context of men in nursing and points to the present day positioning of men in the profession. It is argued that the development of nursing was shaped by Nightingale and others in a fashion that favoured nursing being a profession for women. Nursing today draws inevitably on these historical resources. However the evolution and shifting narratives of contemporary society have weakened these links somewhat and provide the possibility for male nurses to be recognised in the profession. The evolution of nursing has however retained and created associations with women and femininity and the theorising of concepts such as emotionality and embodiment in relation to nursing has augmented these positions. While the historical context is often deemed to be the most important aspect of the feminisation of nursing it is argued that the reflexive development of the profession is also important. As a consequence, and not by design or continuing objections to their 'hard horny hands', men in the profession continue to occupy atypical statuses. This operates at times to their advantage and at times to their disadvantage with the common factor being their differentiation.

Chapter 3: Masculinities and revealing men as gendered

3.1 Introduction

Gender, gender identity and notions of masculinity are central to this study and in order to contextualise the role of men as nurses it is necessary to consider what has been written on gender and masculinity and from where these theories emanate. Consideration of men as a gendered category is however, in sociological terms, a relatively recent area of study and scholarship. Indeed it was not until second wave feminists, exposing sociologists ignorance of women (Abbot *et al* 2005, Marchbank & Letherby 2007), that gender as a concept gained any importance in the sociological lexicon. Taking the lead from feminists, consideration of men as gendered is now an important lens of analysis. The response has not always been positive however and feminism has prompted a backlash in some quarters. Bly's (1990) *Iron John*, which advocated a return to 'real' men and the reassertion of masculinity based on Jungian psychoanalytic theory, is a much quoted example of this type of thinking. For the purposes of this study however the body of work which is aligned with profeminist approaches to the analysis of masculinities is the focus. As Beasley (2005) points out, the field of profeminist masculinities is relatively narrow in its epistemological diversity in comparison to feminism. This is perhaps due to its relevant youth as a field of study, however more diversity is now appearing in the theoretical approaches that are being adopted. In addressing some of these differing approaches, with a particular emphasis on the relationship and tension between materialist and poststructural approaches, this chapter will argue that there is a value in drawing on this diversity in analysing masculinities in contemporary society.

3.2 Masculinity: the hidden gendered man

To say that men's lives are hidden in history would be grossly inaccurate. It is not difficult to locate men in history, indeed history provides us with an abundance of accounts of how men lived, loved, fought and died. The iconic figures from world history in politics, mythology, religion and all other areas are in the main men. Thor, Plato, Aristotle, Jesus Christ, Buddha, Genghis Khan, Napoleon and JF Kennedy are all men of whose lives we are familiar with and who have been written about extensively. Despite all that is written about men, the emergence of feminism revealed the fact that social theory had never assessed or considered men as gendered entities, hidden behind the acceptance of the male perspective as a given or normative (Haywood & Mac An Ghaill 2003). In considering the subjugated position of women and the ramifications of gender positions, feminists began to consider the distinct nature and character of women. The analysis of the subjugated position of the female gendered subject called for an analysis of the gendered subjugator, the male. Thus it was the emergence of feminist thinking that gave rise to the need to problematise the gendered nature of masculinities, a task taken up initially by feminists as a consequence of their analysis of women, but latterly taken up by a range of authors (e.g. Connell 1987, 2005, Hearn, 1987, 1994, Kimmel 1987, Kimmel & Messner 1998, Pease 2000, 2002, Whitehead & Barrett 2001, Whitehead 2002, Haywood & Mac An Ghaill 2003, Petersen 2003, Seidler 2007) whose primary focus is men and masculinity itself. In keeping also with the feminist experience, revealing the gendered nature of men has been and continues to be a difficult process as masculinity, and femininity, are considered by many authors to be not fixed and constantly evolving both on a global and personal level (Brittan 2001, Whitehead 2002, Philips 2006, Brandes 2007).

Connell (2005) posits that current thinking around masculinities are located in a modernist understanding of gender order and are related directly to the type of society the modern era has produced. Connell (2005) identifies four events in the history of modernity which were central in shaping the current formulation of masculinities. Firstly, the decline in the intellectual dominance of religion, being replaced by the ethos of reason and science, gave rise to the ability of men to free themselves from mythology and unreason. Scientific men were to be self-determining and in control due to their mastering of rational thought processes. Indeed Seidler (1997) posits that rationality and modern masculinity are inextricably linked.

Secondly, the advent of colonial conquests by European states in the Americas, Africa and the east created, according to Connell (2005), solely male dominated projects for the first time. The nature of colonial conquest with long overseas travel and extensive violence was the preserve of men and separated men and women from the customary social and cultural relations and supports of the time. Thirdly, Connell identifies the emergence of city society as being significant. Large trade related cities like Amsterdam and London created an environment unlike any previously known at that time. Men gained unprecedented levels of power in these commercial hubs through their control of labour and capital which marginalised women. Lastly, Connell perceives the outbreak of mass wars in Europe as being attributable to the formulation of gender order. This required centralised state power, controlled by men, with mass armies and unprecedented control over populations (Connell 2005).

Strong structural theoretical elements of materialist Marxism and social constructionism have been to the fore in the theorising of masculinities (e.g. Hearn 1987, Connell 1987, 2005, Kimmel 1987, Barrett 2001) and while Beasley (2005) contends that masculinities

theorists have been slow to adopt poststructural approaches to the interrogation of gender, significant work is emerging from this perspective (e.g. Wetherell & Edley 1999, Pease 2000, Peterson 1998, Whitehead 2002). Despite some variance in approach however four themes characterise theories of masculinities. First, they draw on feminist parentage and are profeminist. Hearn (2004), who favours the use of the title Critical Studies on Men (CSM) for this area of study, stresses the fact that such work must be *critical* of men and the male position in the same manner as feminist scholarship. This sets the field apart from those who wish to carry out 'men's studies' as a negative, reactionary response or rebuttal to feminism. Secondly, there is an acceptance that there are multiple ways of being a man and hence multiple iterations of masculinities are possible. The essentialist position whereby masculinity has a linage or predetermined origin in history, fixed solely by anatomy, genetics or biology is rejected (Whitehead & Barrett 2001). Thirdly, gender, and therefore masculinities are socially, culturally or discursively constructed. While the extent of the influence of social circumstances, discourse or culture is debated and contentious, the idea that gender is formed/reformed extrinsically is central (Adams & Savran 2002). Lastly, the issue of men's power is central to the discussion. Connell (2005) contends that all men gain a patriarchal dividend from the very fact of being male. Men are afforded power, prestige and material wealth over women even if they don't subscribe to notions of suppression of women. Power is discussed and labelled in different ways (patriarchy, hegemony, discursive power) but in one guise or another it is a central concern for all theorists of masculinities. While conceptualisations of power may vary in light of the approach being adopted it is a useful unifying theme in considering main concerns in theories of masculinities; masculinities at a personal level and masculinities in the public realm. The next section addresses personal and public masculinities and how theorists have approached these issues.

3.3 Personal Masculinities

3.3.1 The emotional man

It could be argued that it is within families that the patriarchal structure of gender relations and power has its foundations. The image of the all-powerful father figure as head, lord and master of families is a classical image. Morgan (2001) however posits that historically this interpretation may not be as clear-cut as it would seem. In a pre-industrialised world kinship, tribe and wider familial arrangements were common organising features of society based around self-sustaining production. Patriarchal power was not then necessarily vested in biological or social fatherhood but tied in to a wider more complex gender order (Morgan 2001). Morgan suggests that the patriarchal dominance of the man in the family is more closely related to the development of industrialised society.

This a theme picked up by Seidler (Seidler 1994, 2005) whereby he links modern masculinity to reason and rationality, the basis of industrialised society. Men, in the modernity project, have allowed themselves to be divorced from the emotional work of families and channelled instead to the rational world of industry and public life. This is the origin, in Seidler's view, of the distant, detached breadwinning father in the family, oppressive of women and children, and purveyor of authority and moral guidance (Seidler 1994). This detachment of men from emotional family life resulted in the emotional work of family life being delegated to women. This view is at the heart of the expressive/instrumental, public/private Parsonian view of the world and as both Seidler (2007) and Whitehead (2002) point out central to the Protestant work ethic masculinity expressed by Max Weber.

The control and denial of emotions is thus theorised to typify dominant forms of masculinities (Seidler 1994, 2005, Petersen 1998, Connell 2005, Whitehead 2002). Empirical work in diverse fields has picked up on this theme. Criminologists and those theorising male violence have linked the poverty of emotion in masculinity to destructive and dangerous male behaviours (Messerschmidt 1993, Kaufman 1998). In education Mac An Ghaill (1994) demonstrates how certain teacher ideologies emphasise and perpetuate rational, traditional forms of masculinities in boys and Martino (1995) shows how boys are conditioned against school subjects which could in any way be linked to emotionality. While in cultural studies strong reinforcements of the 'sturdy oak', unemotional and rational male have been demonstrated in analyses of Hollywood movies (Panayiotou 2010).

In contemporary society however the changing nature of families and the challenge of feminism have called for other analyses. Increased participation by women in paid work outside the home, increased divorce rates, single parenthood, the emergence of the 'New Age Man' and the lessening in importance of the nuclear family have all effected how men interact with families and emotional lives. From a modernity perspective this breakdown of 'traditional' family life is viewed negatively and is a source of much lament, discussion and promise of recreation by politicians (Whitehead 2002). Whitehead (2002) however points to a misplaced nostalgia in relation to the nuclear family. The breakdown of nuclear families has not forced industrialisation to collapse and the ability of women and children in particular to part with abusive fathers/husbands and live outside the nuclear family is a positive development. In Ireland where the move to divorce and non-traditional families has been slower Ferguson (2001) notes that male violence against family members remains a significant problem. Morgan (2001) and Whitehead (2002) both argue that these societal changes have lessened men's power and influence in families. Men within families face

new realties, the so called ‘New Age Man’, whereby they are more engaged in childcare and domestic duties. Morgan (2001 p 228) suggests the ‘mutually reinforcing circle’ of power and influence accruing to men from their public roles into the domestic sphere when broken contains an opportunity for changing the gender order. In one respect this has created an opportunity for women to level the domestic playing pitch and allows men to be more engaged and have more fulfilling emotional and family lives. In another respect this presents a difficulty for men in that increased involvement in the domestic front have not been met with a similar change in expectations in the public sphere, most particularly that of work. This has led to some of the narrative about crises in masculinity and fears that men will take flight from their family thus ushering societal breakdown and disorder (Morgan 2001), evidence of this is however scant (Whitehead 2002).

Emotions and emotional intelligence are also increasingly now been recognised as valuable for the public work environment (Kerfoot 2001). Many managerial and sales techniques theories now recognise the need for ‘emotional engagement’ with employees, in order to get more productivity from them, and emotional engagement with clients, in order to sell them things more effectively. The very sphere of life that called on men to leave their emotions at the door now requires them to bring them in. Empirical work shows that this presents a difficultly for many managers and workers, used as they are to the traditional masculine way of work. For masculine subjects it presents the problem of having to expose emotionality which they have been taught to keep hidden (Kerfoot & Knights 1998, Kerfoot 2001).

Thus contemporary life portrays a much more complex picture of men’s emotionality in some quarters fuelling the idea of a crisis for masculinity and men. This complexity is recognised by a number of authors in the field who see the need to move beyond

materialist views in order to study men's emotions. From a poststructuralist perspective drawing on the work of Foucault (1979, 1982) and Butler (1990), Whitehead (2002) and Petersen (1998) contend that gender and gender roles are not fixed but evolve in time and space and are discursively formed from culture to culture (Butler 1990). There is no pre-existing entity, identities are constructed by discourse hence they can also be de/reconstructed (Butler 1990, Whitehead 2002). Thus the portrayal of a crumbling masculinity order is illusionary given that it presupposes a fixed modernist masculinity. They argue further that essentialist positions regarding un/emotionality, rationality/irrationality and masculinity/femininity are too simplistic; none the less they have discursive power stemming back to Descartes. Peterson (1998) suggests that in failing to break free from these essentialist positions profeminist scholars of masculinities (Seidler in particular) have perpetuated the split between emotionality and men rather than their stated aim of removing it.

Research in this area has picked up on these complexities and the alternative possibilities offered by postmodern/structural approaches. In considering the case of male carers, for example, Campbell & Carroll (2007) and Hanlon (2009) demonstrate the ambiguities of analysing male emotions and the usefulness in approaching from perspectives embracing the postmodern. In both these cases men demonstrated a range of emotional abilities perhaps related to their roles as carers but none the less in contrast to any predetermined male in/ability. Of particular relevance to this study, Simpson (2009) and Evans & Frank (2003) use similar methods to analyse emotions of men in nursing and point to how men negotiate emotions and emotional work within a masculine identity. Fluidity, contingency and performativity offer therefore a more diverse view of male emotionality.

There is undoubted complexity in emotional lives for men and women in contemporary life, the difference for men is that emotions may seem to be a 'new thing' given the powerful discourses in relation to emotions that prevailed in modernity. As can be seen above unpacking these aspects of masculinities benefits from analyses from broad perspectives.

3.3.2 The powerful/less male body

In a similar fashion to emotionality the male body is subject to deterministic ideas about its power and representation in modernity. Biological determinists hold that male power derives from physical and anatomical strength while sociobiologists contend that men are locked into dominant behaviour by virtue of the 'hardwiring' of their male brains and endocrine systems. Connell (2005) points to the fact that although many of these theories in themselves do not stand up to scrutiny the metaphors created by them are powerful and have had profound influence on popular culture and sociological investigation. Thus, muscularity, live fast die young and 'feel the pain' mentality have become accepted markers of male power and masculinity. Feminists however, in recognising the need to theorise the body, have strongly linked the male body to explanations for patriarchy and male dominance (Tong 1998, Connell 2005). Despite this feminist work and the attention drawn to male bodies and bodily function in popular media (be that Bill Clinton's 'deposits' on a dinner dress or Wayne Rooney's metatarsal), embodiment has not figured significantly in profeminist accounts of masculinities (Whitehead 2002, Stephens & Lorentzen 2007).

Seidler (1994, 2007) contends that men have become divorced from their bodies in the same way as they have from their emotions, by way of the Enlightenment project. Thus, for Seidler, emotional detachment and disembodiment go hand in hand (Seidler 1994, 2007). The physicality of masculinity has been emphasised in many ways and with that comes the sense of men shaping or trying to control their bodies as a signifier of masculinity. Efforts to combat the perceived crisis in masculinity in modern life centre often on toughening up of the body through men's movements (Kimmel & Kaufman 1994) or intense sporting or 'bootcamp' type processes. Forth (2007) however posits that this is not a new phenomenon. For example, soldiering and the process of being in an army at war was, and continues to be in many societies, one of the most popular identifications of masculinity. Morgan (1994) posits that being a soldier entails an extreme bodily control process but also a surrender of the body to others. Soldiers, on the one hand, surrender their bodies to drill sergeants in a process of extreme physical training and military regulation with regard to uniform and personal grooming preferences. The reality of combat, on the other hand, is often a process of extreme bodily self-control, in being stronger, more skilful and having greater stamina than the opponent where the ultimate outcome is categorised physically (i.e. physical victory, physical disablement, physical demise). Empirical work supports this idea in many cases arguing that despite the possibility of multiple masculinities in military context, physicality and toughness are highly valued and expected (Barrett 2001, Sasson-Levy 2008).

While being a soldier may relate to the extreme ends of the identification of physicality and masculinity, similar ideas have been identified in studying occupations and jobs that require hard physical labour, be that forestry in Norway (Brandth & Haugen 2007) or steel work in America (Catano 2003). The physical toil of these types of jobs is equated popularly with masculinity, particularly a white heterosexual masculinity. The actuality of

this image comes into question however in contemporary society. As technology, advances less brawn is needed to fight wars, make steel, pour concrete and farm the land. Women are now working in areas where it would have been considered they would not have been physically able to work (even if socially acceptable). This development has caused some to lament the loss of the physical dominance of the male body, the prestige awarded to it, and has furthered the ideas of a crisis in masculinity (Whitehead 2002).

Connell (1987) however suggests that this void has been filled by organised sport, which is the new form of physical expression of hyper masculinity. One need only look at the imagery created around rugby, soccer, American football and basketball with the heroic exhalation of physical acts coupled in many cases to a laddish, misogynist and devil may care culture. Messner's research (1987, 2005, 2007) illustrates the value in this argument. Again a common theme for sport is the instrumental approach to the body and the effort to hone and control the physical being. Locker room culture, despite being centred around a physical pursuit, discourages emotional intimacy and encourages bravado, displays of physical prowess and oppression of the physically weak; women and gay men (Messner 2001). It could be argued that as a replacement for soldiering and actual battle, sport overemphasises hyper-masculinity.

In parallel with emotional masculinises the picture is more complex and less clear cut. Ultimately, despite the power of the male body, the attempts to control it are doomed to failure as nature takes it course. Messner (1987) and Lilleaas (2007) for example point to the destructive nature of the sense of loss of physical control for men when sporting ambitions are not fulfilled or on retirement from sporting careers. This is often linked to social and emotional turmoil and relationship dysfunction. This is supported by studies theorising masculinity from the aspect of aging and disabled or sick

bodies (Chapple & Ziebland 2002, Robertson 2006, Winterich *et al* 2008, Slevin & Linneman 2010). Men struggling with the loss of power and control over their own bodies through illness or aging, reticence to seek medical attention and lack of bodily awareness in comparison to women are common themes passed into popular media. There are signs however that men are becoming more body aware. Recent research into male self-image and identification with body image demonstrates that men do care about their body image and appreciate the need to look after their bodies (Grogan & Richards 2002, Robertson 2006). Thus the essentialist view of the male body does not fully account for masculine embodiment.

Connell (2005) argues that embodiment is at the essence of masculinities in the form of 'body-reflexive practice' (Connell 2005 p. 63). The interpretation of societal influences shape bodily practice and gender identification but individuals also shape gender practice in relating their own bodily experiences, agentically, to the social influences. This emphasises the strong role played by societal influences on masculinities but also points to a possibility of change and agency for men in relation to bodily practice and hence their expressions of masculinity. This is closely aligned with Giddens' (1991) concept of the 'reflexive project of self' where late modernity requires a high degree of self-reflexive creation of the body and identity. These views are echoed by Shilling (1992) and find their way into empirical work on masculinities. Gill et al (2005) for example show how young men are acutely aware of their bodily practice and exercise agentic control over their bodies. They do this however with reference to a normative masculinity (Gill *et al* 2005).

In response to the limits of deterministic views of gender and bodies, drawing on poststructuralist theorists such as Foucault and Butler, Whitehead (2002), Peterson (2003) and Phillips (2006) question the very existence of the corporeal body. Butler (1990) has

been particularly influential in this regard. She proposes that a priori bodily identifications with gender are illusionary and that bodies only adopt gender as it comes into contact with pervading discourses. Butler (1993, 2004) cites the body as the main canvas of gender display, identity and performativity. She stresses the inability of individuals to be in control of the inscription of gender onto the body. Bodies are not in sole ownership of the inhabitants as the cultural scripts and discursive forces do gender onto them. Gender in the form of performativity therefore is a process whereby the expression of gender is managed and unmanaged, scripted and unscripted, influenced by the inscription performed as an iteration of the inscription. The locus of control does not solely rest with the subject (Butler 1993). Whitehead drawing on these theories posits therefore that the 'male body can be understood as a fluid and shifting materiality, invested through numerous truths and knowledges' (Whitehead 2002 p 203). The male body located however within a strong discourse of masculinity as Peterson (1998) argues is a social construction. Thus while not discounting the materiality of the body altogether these theorists seek to reach beyond essential views. Empirically this has been used to good effect to expose the complexities and contradictions of masculine embodiment in a number of studies in a range of contexts (see e.g. Nayak & Kehily 2006, Hall *et al* 2007, Robinson *et al* 2011).

Thus issues of the body and embodiment are becoming increasingly important in theorising masculinity. The power exercised by male bodies may be in some ways tempered by modern society but male bodies do in many cases remain dominant and signifiers of strength and oppression. Yet reflexive bodily practices, decentring the male body and considering the discursive formations of it also offer a way of conceptualising how embodiment interacts with masculinities. This points again to the value in drawing on materialist and poststructuralist accounts in analysing masculinities.

3.4 Public power

3.4.1 Powerful work

The public private divide brought on by industrialised societies is, it could be argued, the main source of men's power and continuing dominance of women. Men dominate the spheres of work, control political and economic systems, earn consistently more than female colleagues and far outnumber women in terms of directorships and management positions (Hearn 1992, Collinson & Hearn 2001, Connell 2005). Crompton (2006) points to the fact that the practicalities of industrialism were also ideologicised in capitalist and liberalist thinking which stressed the value of nuclear, mobile family units unbridled by self-sustaining agricultural work. This was accompanied by the ideological position of women being suited to the domestic and men being suited to the public. The male breadwinner role was promoted as normative and as the twentieth century progressed social and societal structures (such as welfare services, education etc.) were constructed to uphold this position Crompton (2006). It not surprising therefore that men dominate public and work organisations and equally that paid employment is important in shaping masculinities (Goodwin 2002).

On a personal level work is often central to men's lives and a number of theorists have described the connection between men's construction of masculinity and work (Cockburn 1991, Collinson & Hearn 1994, Connell 2005). Whitehead (2002) posits that while paid employment provides material and social wealth for individuals, it also has a strong role in providing the subject a sense of self, identity and ontological security in an otherwise unstable and contingent existence in the social world. This is linked also to ideas about

work ethic and ideology (Goodwin 2002). Modernity favours a model of masculinity which is orderly and centred around wage earning and support of the family (Connell 2005). Being a 'real man' or 'good man' means having a well-paid job and providing for the family. Thus masculine identity is tied in many cases to men's work practices.

Just as work may provide ontological security for men, not having work or changing working circumstances can also challenge that security (Whitehead 2002, Collinson & Hearn 2001). Becoming unemployed, the introduction of new technologies and the increasing number of women in the workforce present challenges and insecurities (Cockburn 1991, Goodwin 2002). The negative effects on working class men's perception of themselves and their masculinities with the demise of heavy industries like mining and manufacturing in the UK has been documented for example (Mac An Ghaill 1994). Hence changing employment patterns and unemployment can change and challenge how men perceive themselves.

Work and organisations are however more deeply tied up with masculinity than the effects on individual men. The public sphere of paid employment and the organisations which support this are masculine in nature (Connell 2005, Whitehead 2001). Collinson & Hearn (2001) allude to a particular paradox in this regard. Men dominate work organisations and the language of organisational studies and managerial theory is masculine yet management and organisational theory has largely ignored theorising gender and how men's power is perpetuated in the work sphere.

The power of men and masculinities in organisations is however not unitary. Collinson & Hearn (2001) argue that understanding men's power in organisations requires an analysis of both the diverse and multiple masculinities of individual men and the structured dominant masculinity of organisations, or the unities and differences of masculinities

(Collinson & Hearn 1994). The unities, in the organisational work sense, are how men come together and collaborate and dominate, usually as a white, heterosexual monoculture. On the other hand, not every man is white, heterosexual and dominant and hierarchies exists between men. Masculine power exists therefore at many levels in the organisation. Collision & Hearn (2001) maintain then that it is necessary to analyse both these positions in order to understand men's power in work organisations.

Detailed consideration of the masculine nature of organisations emerges in empirical work in this area. Feminists, from a materialist perspective, have sought to explain the patriarchal nature of work life and the dominant masculine culture. Davies (1995) for example, in an analysis in the nursing context suggests that the masculine nature of the National Health Service in the UK is at the core of the difficulty for the female dominated nursing profession in its development. Indeed professionalism itself is, Davies (1995) suggests, a masculine concept and the difficulty for women in this masculine world is illustrated by the case of nurses. Similarly analyses of the masculine nature of the world of work demonstrates the disadvantage experienced by women in terms of pay and promotions despite parity in experience and qualification, or what has become known as the Glass Ceiling effect (Williams 1993, Cotter *et al* 2001). Thus the public sphere of work is largely defined and shaped by men and culturally masculine.

Evidence of change and unsettlement to this pattern is however emerging. The male breadwinner model is no longer sacrosanct. While women's participation in the labour market has increased men's has declined (Halford & Leonard 2001). Economic trends and shifts have led to higher rates of male unemployment (Halford & Leonard 2001). The recent economic collapse in Ireland has for example affected male employment more harshly than female employment with twice as many men being made unemployed as

women (CSO 2010). Culturally, there is also a growing rejection of the male breadwinner model where the man is expected to bring home a family wage and the woman upholds the domestic sphere. Crompton (2006) points out that both men and women's attitudinal support for the male breadwinner role has been steadily on the decrease since the late 1980s. The changing nature of employment has, it has been posited in some quarters, suited women more than men. The traditional idea of full employment with a single employer from school until retirement is being eroded to a more fragmented, service led, sub-contractual model where work is not always full time and mobility in the labour market is becoming increasingly common. Women's tendency/requirement to work in this way already, due to family and other demands, leaves them better prepared for this new reality (Halford & Leonard 2001).

The relationship of individual men with work has become somewhat uncertain and it could be argued that work, once the very epitome of masculinity, has turned against men. This uncertainly and fluidity has led those who theorise masculinities from a poststructural perspective to question the foundation of the masculine work narrative in favour of a discursive understanding of men, masculinities and work. Kerfoot & Whitehead (1998) for example in studying management in Further Education in the UK posit that work and management are characterised by a discursive masculine identity rather than masculinity as it pertains to men per se. Thus the masculine identity of management can, and is, also taken up by women. This proposes a separation therefore between men and the masculinity of organisations (Kerfoot & Whitehead 1998). Others writing from a poststructural perspective have illustrated how men, particularly those working in female dominated areas, can discursively negotiate a fluid and contingent masculine identity in the context of work that seems incongruous with masculinity (Nordberg 2002, Simpson 2009, Robinson 2011 *et al*). It is interesting to note however that there is little in the way of poststructural

analysis of traditional male dominated professions. This points perhaps to how deeply embedded notions of masculine structure are in tradition work environments.

The certainties of the world of work and its projection as a bastion of masculinity have diminished somewhat and warrant analysis from a broad perspective (Mac An Ghaill & Haywood 2007). However it would be unwise to dismiss the undoubted material facts of work and employment today. Despite the idea that women may be more suited to the fluid and reflexive labour market, in OECD countries women are paid on average 18% less than men (OECD 2010). The dismantlement of the male bread winner model has not seen a reciprocal diminishing of the female domestic role (Solari 2006, Marchbank & Letherby 2007, Woodhead 2008). This is a particularly strongly held belief in Ireland despite the surge in employment for women during the Celtic Tiger years (Richardson 2005). Thus to say that men have relinquished their grip on advantage in the labour market would be untrue. The unevenness of contemporary work patterns however reinforces the need to consider work and gender from a range of perspectives.

3.4.2 Institutionalised power and masculinity

Issues of political and institutionalised power are a central concern for profeminist theorists of masculinities. In this regard there is a strong influence of Marxist, constructionist perspective drawing often on socialist and radical feminist perspectives. Some of the most prolific and influential writers on masculinities (e.g. Connell, Hearn, Kimmel) draw heavily on these traditions (Connell 1987, 2005, Hearn 1987, Kimmel 2000). These theories therefore concentrate on the institutionalised nature of male dominance and how

the systems of patriarchy are maintained. Feminists and profeminists in applying Marxist analyses to gender relations contend that gender and patriarchy is inseparable from capitalism in that it perpetuates the unequal distribution of resources (Hearn 1987,Tong 1998). All men are not advantaged by capitalism but all men do gain a benefit from the existence of patriarchal structures and therefore invest in its maintenance, consciously or not.

Connell, Hearn, Kimmel and others have elaborated on this foundational structure of power and gender relations. Drawing on theories outside of the Marxist materialist perspective, they outline men's domination of women but also other men, providing insights into the gendering nature of organisations, institutions and society. Their project, as profeminists, is to explicate the role of masculinities in patriarchy and thereby provide opportunities and possibilities for change.

Connell has been particularly influential in this regard and her description of hegemonic masculinity as an explanation of patriarchy is seminal in theories of masculinities (Carrigan et al 1985, Connell 1987, 2005, Connell & Messerschmidt 2005). Connell considers gender to be a 'structure of social practice' (Connell 2005 p. 71), it is organised around bodily function particularly the reproductive arena, but is not reducible to bodily function. The social practices, constructed on the reproductive arena, are not immoveable objects but can be creative and capable of change albeit within defined social structures. It is within these defined structures that people's individual experience relates to each other in larger units or 'configurations of practice' (Connell 2005 p. 72). Masculinity (and femininity), as dynamic configurations of practice, become gender projects.

In considering gender therefore Connell posits that account must be taken of the social structure surrounding and interacting with it (race, wealth, class etc). Equally none of these

structures can be considered as outside of gendering. In stressing the reflexive nature of gender Connell points to a range of possibilities in gender identity.

Connell (2005) contends however that this does not mean that there is black masculinity, white masculinity and poor masculinity etc. but that there are multiple masculinities based on common foundations of patriarchal and power structures. In explaining how multiple masculinities exist and how patriarchy is legitimised Connell coined the term hegemonic masculinity (Carrigan et al 1985, Connell 1987, Connell 2005).

Hegemony is a concept borrowed from Gramscian Marxist theory which seeks to explain how capitalism survives, despite it not being of benefit to all in democratic societies, and how subjugated groups come to consent to control by dominant groups (Gramsci 1995). Connell applies this concept to gender relations in order to explain how patriarchy is legitimised over time and place. Placing this theory with his notion of masculinity as a social practice Connell defines hegemonic masculinity as:

> 'a configuration of gender practices which embodies the currently accepted answer to the problem of legitimacy of patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and the subordination of women'
>
> Connell (2005 p. 77)

What is hegemonic is therefore not fixed, as it is open to contestation by women, or indeed men who do not fit in with hegemonic ideals due to their gender practices. Hegemonic practice may shift then according to circumstances and equally it is not possible to say that all of those in positions of institutional power are hegemonic. Hegemonic masculinity may be portrayed by exemplars such as film stars or sports heroes. Connell (2005) contends that the hegemonic ideal is easily identifiable in the intuitions of power, if not in the individuals.

The subordinates in this understanding of gender practice are women, but also men who do not conform to the hegemonic gender practices. Connell (2005) cites gay men as the obvious example in that heterosexuality is in cultural ascendancy thereby relegating gay, bisexual and other men who display effeminate characteristics to subordinates. Connell (2005) adds two classes of masculinities, complicit masculinities and marginalised masculinities. Complicit masculinities, applying to the vast majority of men, involves those who do not epitomise or practice the hegemonic ideal, are not subordinate but do reap benefit in the form of a patriarchal dividend. The majority of these men live harmoniously and in compromise with women and are not violent or overtly oppressive of women. They do however reap reward from the gender order and therefore do not present a challenge to it.

Marginalised masculinities apply to the intersection of gender with other social structures such as class, race, ethnicity and colour (Connell 2005). Domination and subordination relationships formed by ethnicity for example may dictate that men of the oppressed minority gain only certain access to the hegemonic ideal, which is controlled and dominated by the majority. Connell (2005) further cites the example of how the middle class man is redefining domination over the working class man by means of technology. Connell (2005) stresses the fact that hegemonic masculinities and the relative relationship of other masculinities are in flux, situational and subject to crisis tendencies in power relations, production relations and relations of cathexis. Crisis tendency is not however for Connell the same as a crisis in masculinity but rather the shifting formations and reformations of gender practices. Here Connell draws strongly on Giddens' ideas of late modernity shifting from the Marxist roots of her other work.

Connell's model has been widely embraced by many researchers and writers on masculinities and has been used as a model for studies in education, criminology, sport, organisational studies and health, among others, across countries and cultures (Connell & Messerschmidt 2005). Both critics and supporters agree that the formulation of the concept has been valuable in opening up a debate about the possibility of multiple masculinities (Whitehead 1999, 2002, Demetrakis 2001, Jefferson 2002, Hearn 2004, Seidler 2007, Beasley 2008). It is also widely acknowledged that hegemonic masculinity offers a more nuanced approach to patriarchy. It allows for shifting positions and offers a less essential description of how male dominance is achieved and maintained and has been of benefit to those theorising masculinities but also to feminists (Demetrakis 2001, Whitehead 2002, Beasley 2008). Jefferson (2002) comments that its key strength is the ability to talk about different types of masculinities while at the same time not detracting from the concept of male dominance.

Connell's work, and its subsequent use, is not without its critics however. Seidler (2007) posits that the mass use of the concept, in a largely uncritical way has led to the concept itself becoming hegemonic/dominant. For Seidler the rational nature of the concept carries an 'implicit universalism' (Seidler 2007 p. 11) that discounts men's subjectivity and emotions as sources of knowledge. Seidler suggestion that hegemonic masculinity, in its pervasiveness, has become a constricting and oppressive force presenting a certain irony given the object of analysis of the concept.

Seidler's comments point to a more fundamental criticism of the concept centring on a perceived misinterpretation of hegemony (Edley & Wetherell 1996, Demetrakis 2001, Whitehead 1999, 2002, Howson 2006, Beasley 2008). Some of this misinterpretation relates to how the concept has been applied by others in research studies a fact

acknowledged by supporters of the concept (Hearn 2004, Connell & Messerschmidt 2005). Others (e.g Demetrakis 2001, Beasley 2008) contend that there is a more fundamental problem with the original conceptualisation. Hegemony, as described by Gramsci, refers to the cultural and moral leadership which legitimises the ruling class with the acquiescence of the subordinates, in a dialectical and fluid pattern (Demetrakis 2001). Hegemonic masculinity has been however equated with the more descriptive 'dominant' form of masculinity which does necessarily equate to a hegemonic, political and cultural project of mass assent (Whitehead 2002, Beasley 2008). Moreover, it has been interpreted as an empirical term for actual groups of men, i.e. the hegemonic ones (be that government, civil servants, armies, film stars) or also as a list of characteristics of hegemonic men. In an example of relevance to this study Loughrey (2008) reports an analysis of the masculinity of Irish nurses using Bem's sex role inventory. The position of the men in the hegemonic order is then related to their masculinity/femininity scores, with most of the men in the study having 'low' masculinity and hence at risk in the hegemonic order (Loughrey 2008). Given Connell's critique of sex role theories it is doubtful if her ideas of hegemonic masculinity were intended for use in this way.

Beasley (2008) while acknowledging that Connell cannot be held responsible for how others have interpreted her work is culpable herself in that in her own writing she uses the terms 'dominant masculinities' and 'privileged' men as hegemonic. It is also worth noting that while Connell disagrees with the term being used to identify individuals she points in that direction , in her own writing, in raising the issue of exemplars of hegemonic masculinity (Connell 2005 p. 77). Connell's idea that there could be many exemplars of hegemonic masculinity, while not all dominant men are hegemonic, had led a number of authors to inquire who is it exactly she means (Edley & Wetherell 1996, Whitehead 2002, Jefferson 2002). This raises the problem that the theory cannot distinguish between what

is hegemonic and what men are just simply dominant. Here again empirical work illustrates this tendency. There are for example a marked number of attempts to identify the hegemonic ideal through the analysis of film and fiction (see for example Chan 2000, Peberdy 2010, Eschrich 2011). This encapsulates the tendency to try and identify a clear conceptual picture of dominant men or portrayals thereof. The relationship to 'real' life is less conceptually clear. Connell appears to subsequently agree that it is a flaw in the concept (Connell & Messerschmidt 2005) but does not, certainly to Beasley's (2008) satisfaction retrace her steps sufficiently to describe hegemony which cannot be confused with dominance. The use of hegemonic masculinity in an attributional manner takes the dynamism from the concept in many respects and leads it to being used in a way that creates lists of things that men do (usually all bad) to dominate women and subordinate males (Jefferson 2002). Moreover, it removes the possibility of change and ignores the possibility that women or gay men have any drive to be dominant.

Authors approaching masculinities from poststructural perspectives disagree with the essentialism inherent in hegemonic masculinity and point to its inability to recognise discursive power and the fluidity and contingency of masculinity (Edley & Wetherell 1996, Peterson 1998, Wetherell & Edley 1999, Whitehead 2002). Drawing on interviews with 30 men Wetherell & Edley (1999) argue that the hegemonic, marginalised and subordinated masculinities are in fact discursive positions in a contested power and resistance shaping of masculinity rather than attributes of individual men as suggested in Connell's work. If these positions are discursive formations, this opens up the possibility of the same individual being at times hegemonic and at times subordinated. Similarly, Whitehead (2002) argues that while the concept purports to be fluid and descriptive of resistance and difference, it's hierarchical rather than a circulatory interpretation of power renders it oppressive. Whitehead (2002) argues that hegemonic masculinity becomes fixed

and immoveable and not capable of explaining the fluidity and contingency of real men's lives. The concept then becomes little more than a slightly more nuanced description of dominant masculinity, an assertion which Connell flatly rejects (Connell & Messerschmidt 2005). There is perhaps more shared ground between these positions, represented by both Connell's and Whitehead's drawing on Giddens in representing the contestation and fluidity of modern life and gender.

Connell in acknowledging many of the criticisms of the concept argues that the essential tenants of hegemonic remain sound (Connell & Messerschmidt 2005). She is sufficiently confident in the concept to postulate that there is a current globalised business masculinity, represented by a small group of ultra-powerful and rich transnational financiers, which is hegemonic (Connell & Wood 2005). Beasley (2008) suggests however that despite the acceptance of critique of the concept, the move to represent a global hegemonic masculinity represents a regressive step and portrays reluctance to move from essentialism and materialism in particular. Finally the theoretical arguments are reflected in the empirical work on masculinities where increasingly eclectic approaches are evident. While recognising the undoubted value in using hegemonic masculinity as a framework of analysis, an increasing number of authors use it alongside discursive or performative explanations of gender. In this regard studies in fields as diverse as management (Kerfoot & Whitehead 1998), male caring behaviours (Campbell & Carroll 2007), men's magazines and intimacy (Rogers 2005) and men in female dominated occupations (Nordberg 2002) have adopted this more eclectic approach to good effect.

3.4.3 Performative masculinities

A dissatisfaction with explanations of masculinities to date and a growing recognition of the complexity of late modern society have led a number of theorists in the field to explore the possibilities offered by a poststructuralist analysis (Mac An Ghaill & Haywood 2007). Emphasising the need to deconstruct, Peterson (1998, 2003, 2004), Whitehead (2001, 2002) and Pease (2000) amongst others, have sought to move the study of masculinities to a position which rejects essentialism and the notion of a fixed a priori existence of masculinity. Central also to poststructuralist notions of masculinities is the concept of gender being performative.

The implausibility of being able to explain gender in stark terms is central to the work of Judith Butler (Butler 1990, 1993). Butler (1990) posits that a structural existence of gender, sex and sexualities is illusionary. This is not to say that there are no societal inequalities between men and women or that gay and lesbians have not been marginalised, but to say that the fundamentals which supposedly created these inequalities are in fact themselves a creation and not essential. Drawing heavily on Foucault and Freud, Butler destabilises the foundational assumptions of the categories sex, gender and sexuality. She argues that gender, while having the appearance of being a fixed entity, is really a serious of performative gestures imposed on the corporeal body in line with powerful discourses (Butler 1990). The current gender order, expressing the dimorphic categories male/female, heterosexual/homosexual, masculine/feminine, is inadequate and is in any case a discursive creation which Butler (1990) terms the heterosexual matrix. This discursive matrix perpetuates a mythical stability in the gender order and artificially allows dimorphic categories to exist.

Performativity of gender identity is central to Butler's thinking and rather than the individual adopting a pre-ordained role within a discourse they are formed by 'the repetitive practices of this terrain of signification' (Butler 1990 p.189). In order to culturally survive the subject carries out a sequence of acts, a repeated mimicry, driven by the discourse which appears as a gender identity on the body. Gender itself however only exists in the form of these performative expressions and is thus not fixed and subject to subversion thorough repeated acts of performativity. The result of this for Butler is the opening up of the idea of multiple formations and contingencies of gender with idealised gender positions being fundamentally 'uninhabitable' (Butler 1990 p.186). Butler however while providing a lens as to how people *react* to the surrounding discourse leave questions as to the ability of people to consciously *act*. Mc Nay (2000) in developing Butler's work and agreeing with the tenants of the late modern position on multiplicity, contingency and complexity disagrees with the lack of agency afforded subjects by Butler. Butler's work, though distinctly feminist in origin, has been the subject of much discussion and critique both from feminists and others. Some feminists argue that Butler's work in deconstructing traditional gender order also removes the political emphasis of feminism. Destabilising gender order also means destabilising concepts such as patriarchy thereby letting gender inequality off the proverbial hook (Gubar 1998). More generally Butler has also been criticised for the opaque language she uses (e.g. Charnes 1996) and lack of conceptual clarity (Brickwell 2005).

Her work has also gained wide critical acclaim from many quarters and it is unsurprising therefore that theorists of masculinities have taken up her work. Whitehead (2002), Peterson (1998, 2004) and Pease (2000) approaching masculinities from a poststructuralist perspective, have acknowledged Butler as an important influence in their work and contend that using her work allows for the analysis of masculinities in new and novel

ways. Pease (2000) demonstrates the value in this approach in tracing men's subjective positioning in relation to masculinities and patriarchy and claims the approach allows for the breaking of long held normative assumptions and a corresponding opportunity to move forward in gender relations. Whitehead (2002) also demonstrates the discourse surrounding male managers in this way and how masculinity and professionalism are mutually reinforcing discourses. Both Petersen (1998) and Whitehead (2002) stress the strength in poststructuralist thinking in revealing men as a political category as a result of masculinities being considered as a discursive social construct. While not denying the pervasiveness of dominant masculinities, poststructuralists in pointing to the discursive nature of masculinities, femininities and patriarchy suggest that there are possibilities for change, influence and reformation of the discourse in place and time. Thus while criticisms have been levelled at poststructuralist thinking for it destructiveness, it may also offer productive possibilities. In this regard Butler's work has also found appeal for those who approach research in masculinities from a more social constructivist viewpoint (see for example Connell 2005). The complexities of studying gender and masculinities in the real world point to many such accommodations between theorists from seemingly diametrically opposed positions.

3.5 Summary

Despite its relatively recent emergence in sociology, theorising masculinities is now an important element of gendered sociological analysis. Profeminist theories, based largely on social constructivist and Marxist models of inquiry, have described and elucidated the previously hidden gendered man. The opening up of the possibility of multiple

masculinities has been an important element of this work. Thus masculinities, be they in the private or public domain, have been subject to scrutiny. These socio-constructisivt, materialist views of masculinities are manifested most visibly by the traction gained by the hegemonic masculinity ideas developed by Connell and others in an attempt to explain patriarchy. This chapter argues however that there is great value in broadening of the theoretical lens of analysis to include interpretative and poststructural analyses. Judith Butler's theory of performativity of gender is an important influence in this regard. These approaches, which are not necessarily juxtapositioned with the ideas of hegemonic masculinity, bring a greater understanding of the tensions, fluidity and contestation in gender identity for men. There is value therefore in building on and drawing on both traditions in any analyses of masculinities.

Chapter 4: Methodology

4.1 Introduction

This chapter sets out the methodology adopted for the purposes of this study. I will firstly outline the epistemological underpinnings guiding the research and subsequently the research methodology adopted. This chapter argues that a qualitative approach drawing on profeminist theories of masculinities is appropriate in being able to answer the research questions. The procedures used in conducting the study will be outlined and finally the ethical issues pertaining to this research will be detailed.

4.2 Epistemological assumptions

The gendered nature of society and gendered existences, until relatively recently considered unimportant, are now core to any sociological analysis (Mac An Ghaill & Haywood 2007). A view of the underlying assumptions being adopted regarding the nature of society and the individuals therein is therefore necessary in order to explore gendered identities. The epistemological view forming the conceptual basis of this study draws from theories which express the complex and contested nature of profeminist masculinities. As argued in Chapter 3 masculinities, in contemporary society, are firmly embedded in structure yet they also take on multiple forms and are subject to interpretation, fluidity and challenge. This study is located therefore in understandings of

masculinities which are located at the intersection between fixed notions of masculinities and interpretive, contested ideas of masculinities.

4.2.1 Profeminist theories of masculinities

Profeminist approaches to the study of masculinities have emerged in relatively recent times as a result of the success of feminist theorists in bringing gender to the forefront in sociological analysis. A key characteristic of the profeminist movement is the acceptance of the existence of male domination in society and a commitment to addressing these equalities (Brod & Kaufman 1994, Pease 2000, Connell 2005, Whitehead 2001). Profeminists have taken up the challenge from feminist writers who have illuminated the patterns of male dominance in society and by extension, although concentrating on women's lives, have opened up a need to look at men's practices. Thus through the prism of feminist thinking, and in alliance with feminist ideals, profeminists seek to offer a critical view of men's practices and explore men as gendered and as a political category (Hearn 1987, Whitehead 2002, Mac An Ghaill & Haywood 2007).

Clatterbaugh (1997) points to the fact that profeminism is only one aspect of how men and men's group have reacted to feminism. Some male reactions have accepted feminist thinking but favour other explanations of societal inequality, such as Marxist, race and colour perspectives, other reactions have been less accepting. Movements such as the Promise Keepers and mythopoetic movements have sought to recast masculinity, based on quasi-spiritual/psychoanalytic ideas, and believe that men need to reengage with their inner masculinity (Bly 1990, Donavon 1998). These movements largely reject feminist thinking

and are openly hostile to it. Some of these movements may be at the extreme end of the spectrum but as Mac An Ghaill & Haywood (2007) point out, their arguments have resonance in more moderate (Neo) Conservative positions articulated in mainstream politics and popular journalism. In Ireland for example the Irish Times columnist John Waters, in advocating for men on issues such as male suicide, father rights and male unemployment, expresses vehement opposition to feminist thinking and sees it as the root of problems for men today (Ging 2009). By extension he attacks pro-feminist theorists of masculinities for their collaboration with the perceived enemy (Waters 2002).

In more theoretical terms Hearn (1998) outlines the different ways in which those writing about men have framed their views and outlines a range of perspectives from which men have been theorised, or are notable by their failure to actually recognise men as gendered at all:

- Absence, fixed presence, and avoidance, in which either the topic (men) or the author are absent, avoided or present yet non-problematic.
- Alliance and attachment, in which both the topic and the author are present, yet both or either, remain non-problematic. There is an alliance/attachment between the author and topic.
- Subversion and separation, in which both the topic and author are problematic and subverted.
- Ambivalence, in which the topic and/or the author are problematic and ambivalent.
- Alterity, in which the topic and/or the author are problematic and made other.
- Critique, in which the authors critically and reflexively engage with both themselves and the topic, within an emancipatory context.

(Hearn 1998 p. 786)

Thus the reactions of men and those who seek to theorise men and masculinities has been diverse and divergent.

The profeminist reaction is itself not uniform, with the proponents of this approach also having differing motivations, justifications and standpoints. Some authors in the area approach the subject with a view to building a political movement around masculinities in an attempt to harness the benefits of feminist thinking for both women and men (see for example Pease 2000, Seidler 2007). Others approach the area in opposition to some of the antifeminist reactions outlined above (see for example Kimmel & Kaufman 1994). The term profeminism may then be subject to some contestation and it may actually say more about a rejection of other ideas than describe a category in itself. To say one is profeminist also begs the question as to which approach to feminism are you 'pro'. Beasley (2005) posits that the profeminist theorists of masculinities are largely homogenous in their outlook and have been largely concentrated on constructivist materialist views of masculinities. However, as discussed in Chapter 3, the literature in this area continues to grow and some writers have begun to examine masculinities from poststructuralist and other perspectives (see Peterson 1998, Pease 2000, Whitehead 2002). This represents a shift towards broader schools of thinking within the movement in the same way as feminist theory and scholarship has developed.

Two common elements remain in profeminist thinking and form principles for the current study; firstly the acceptance of the fundamental feminist premise that women are disadvantaged in society and secondly recognition of the need to explore masculinities and recognise men as gendered entities. In acknowledging feminists as their 'scholarly big sisters' (Gardiner 2005 p. 47) profeminists attempt to contribute to and develop the knowledge about men and gender and their roles in society more generally. This study

therefore seeks to apply a profeminist analysis of masculinities to the lives of men who are nurses.

4.2.2 Masculinities in contemporary society

As discussed above and in Chapter 3 the increasing interest in masculinities has led to a widening of interpretations and approaches from differing standpoints. It is necessary therefore to outline and contextualise the understanding of masculinities being adopted for this study.

Theorists of profeminist masculinities of all hues are increasingly in agreement of the need to consider masculinity as something other than a singular fixed entity based on economic notions of breadwinning, emotional detachment and automatic dominance (Brittan 2001, Whitehead 2002, Philips 2006, Brandes 2007). Differences emerge in how this is manifested in contemporary society. Those developing theories of masculinities based on Marxist materialist views (e.g. Connell, Hearn) prefer to explicate multiple forms of masculinities rooted in the wider economic and cultural structures of society. Poststructural theorists of masculinities (e.g. Butler, Whitehead, Petersen) contend that these structural elements are illusionary and that multiplicity in masculinities is explained by discursive formation which is contingent, fluid and unfixed. It is contended here that there is value in both positions and that in a profeminist analysis of masculinities in male nurses there is a value in holding on to what Mac An Ghaill & Haywood (2007) term the 'productive tension' (p. 9) created by considering both positions. Rather than being an attempt at inclusivity of all profeminist theorists of masculinities, the need to consider both positions

is contextualised within assumptions about contemporary society, drawing on theories of late modernity.

Giddens (1991), Beck (1992) and latterly Bauman (2000) propose that modern society is characterised by a progression from a state of modernity to a much more fragmented and uncertain late, high or liquid modernity. The central contention of this school of thought is that modernity, brought about by the demise of feudalism during the Enlightenment and capitalist industrialisation, has now been surpassed by a new order. In rejecting the ideas of postmodernism, whereby the very basis of modernity is deconstructed, proponents of late modern theories suggest that modernity itself has metamorphosed into a fluid, risky and uncertain globalised world, unhinged from the roots of traditionally. Late modernity is also characterised by reflexivity and individualism. Freed from the constraints of traditions (or pulled away from comforting certainties), fuelled by an endless sources of knowledge and information (or forced into contemplation and introspection) the individual can engage in a biographical invention or a 'reflexive project of the self' (Giddens 1991 p 5).

Theorists of late modernity while sharing the postmodern/poststructuralist contention of uncertainty and breaking down of tradition, disagree with the idea that the very structural premises were faulty in the first place. Rather late modernity is the consequence of the very success of modernity, in its continual quest for answers, except the outcome is not what was expected and has simply led to more questions. Beck in acknowledging the difficultly in drawing on uncertainty and structure, holding tightly to modernity while at the same time wishing to destabilise it, recognises the 'theoretical fence sitting' (Beck 1992 p 10) involved in theorising late modernity. Critics of this school of thought refer to its lack of cultural grounding (Tucker 1998) and also in the work of Giddens point to uncertainties as to the distinction between individual reflexivity and institutional reflexivity (Loyal 2003).

Those approaching from poststructuralist contend that the theory affords too much subject agency (Stewart 2001). These critiques point to the 'fence sitting' exercise that Beck (1991) recognises. It is argued that there is a resonance here with approaches to profeminist masculinities. The untenability of traditional notions of masculinity, brought about by the challenge of feminism and crumbling of the breadwinner role in the economic decline of the 1970s (Halford & Leonard 2001), point to a weakening and dissolution of structural determinants of masculinity as poststructuralists contend. Yet masculinities remain pervasive and strongly evident in contemporary life pointing to an attachment to structures recognisable in materialist ideas of masculinities. These masculinities are plural (e.g. hegemonic masculinities) but are located in theories about economic and structural determinants. Profeminist masculinity writers from both perspectives have recognised the value of aspects theories of late modernity in their work, for example Connell's (2005) and Whitehead's (2001) use of Giddens work on reflexivity. Thus theories of late modernity point to a bridge between the poststructuralist and materialist positions on masculinities. Thus the vagaries and uncertainties of individual male nurses lives can be analysed in tandem with the evolving structural elements of the nursing profession and contemporary Ireland more generally.

4.3 Self placement in the topic and cultural context

While drawing on theories of profeminist masculinities it is important to point to two other factors which influence this study. First, I will draw on my own subjectivities as a man who is a nurse and my own experiences in the nursing profession. Notions of using the researchers own subjectivities is one which is important to feminist researchers (e.g. Deem

1996, David 2002) and to profeminist research into masculinities (Whitehead 2002, Morgan 2001, Petersen 2003, Philips 2006, Simpson 2009). While this approach is not without its problems specifically in relation to research about men (see e.g. Davison 2007), and more generally in relation to generalisablilty as commonly understood in empirical research, I believe that given my position it is not possible or desirable to ignore my own subjectivities.

I approach this topic from the position of being a male in general nursing. In my own experience of I recognise the challenge to masculinity that goes with entering the nursing profession. I can recall uncomfortable experiences of explaining to others what I did for a living and recall lying about what I did in order to avoid awkward scenarios. My family were broadly accepting of my decision to enter nurse training if slightly bemused. I trained to be a nurse in The Netherlands while living in an expatriate Irish community where, what might be termed, traditional aspects of Irish masculinity (hard-working, rural, narrow perspective) were evident. I cannot recall direct challenges to my masculinity but I had an inclination that it existed. In The Netherlands males in nursing are more common than in Ireland and are also more freely accepted. Thus I did not experience an otherness in the sense of being the only ‘man in the place’ yet I did sense a difference of being a man in nursing rather than a woman. On return to Ireland the minority status of men in the profession became very clear to me and I experienced both advantage and disadvantage from being in the minority. My recognition of these issues is largely what has brought me to this topic as a researcher and mediates my engagement with the literature on masculinities and nursing. These factors are I feel integral to the research and will be incorporated in the conduct of the study.

Second, I feel it is important to place this study in the cultural context of current Irish society. It is impossible to consider any constructions of self without reference to the profound roller-coaster that has been Irish society in recent times. The unprecedented economic boom and the subsequent catastrophic bust are factors which, while not the primary focus of this research, will inevitably be important to the lives of men and nurses working and living in Ireland.

4.4 Aim and research questions

The aim and research questions from this study emerged from the conceptual position being adopted, the extant literature in the area and from my own personal experiences. The aim was to investigate the experiences of men working as nurses in Ireland, how they relate to masculinities and how they negotiate a gendered identity.

Research questions:

- What are the individual experiences of being a man in nursing in Ireland?
- How do these experiences shape individual men's personal and professional relationships?
- To what extent is hegemonic masculinity an identity resource for these men?
- What gender performances and subjectivities are apparent in individual male nurses?

In keeping with the conceptual framework the research questions reflected a belief that there is value in employing an eclectic approach to the study of masculinities and that the tension between poststructuralist and materialist positions in particular is creative of a valuable empirical lens.

4.5 Methodology

The methodology adopted, based on the conceptual position outlined above, and in an effort to address the research questions, was a qualitative interpretive approach drawing on (pro)feminist epistemologies and methodologies (see Denzin & Lincoln 2005 p 22). This section will outline the justification for the chosen methodology and outline the methods and inquiry process.

In tracing the historical development of qualitative inquiry Denzin & Lincoln (2005) delineate eight moments, characterized by epistemological and methodological turning points, not all of which are discrete or distinct and within which there is much overlap and concurrence. Qualitative methods they contend emerged in the 1970s from a growing recognition of the deeply moral and political nature of scientific inquiry obviating the need for critical interpretative approach to inquiry which rejected the 'Gods eye view' propagated by quantitative scientific inquiry (Denzin & Lincoln 2005). Initially this development occurred within the positivist framework but positivist ideas themselves however soon became the focus of challenge and led to the development of multiple methods and paradigms which rather than neatly substitute positivist inquiry with another solution, gave an array of alternatives to traditional quantitative type research. Qualitative

inquiry rather grew within a number of traditions and epistemologies and is multiformed and diverse. This plurality however has led to tensions within and between paradigms with questions of legitimisation, representation and praxis defining the challenge (Denzin & Lincoln 2005) particularly in light of poststructural thinking. The present period, or eighth moment, is Denzin & Lincoln (2005) contend, defined by continuing contestation of qualitative methods in these areas, with issues of representation (particularly the role of the researcher, voice, reflexivity, race and gender) being to the fore. This multiplicity of approach is however the strength of qualitative inquiry and despite the slipperiness of definition a number of authors agree broadly on the key characteristics of all qualitative work (Creswell 1998, Patton 2002, Flick 2006, Denzin & Lincoln 2005, Silverman 2005). First, it is naturalistic and situated in the everyday world of human experience. Second, it seeks to interpret the broad spectrum of human experience asking how and what rather than the reductionist why which is most often posed in quantitative research. Third, it rejects the premise of positivist and postpositivist methods that there is a singular truth that can be discovered or approximated using one particular method. Qualitative inquiry critiques this position and favours multiple possibilities in which postpositivism may be an aspect in a broader picture of many aspects. Qualitative inquiry does not therefore reject quantitative methods but rather rejects the premise that they are the only method of research. Within qualitative inquiry itself therefore, a broad range of possibilities coexist. Fourth, qualitative inquiry embraces the political, moral and often emancipatory nature of research and is as much about social change as investigation (Lather 2004). This allows for the unheard voice of minorities and the other to emerge, a voice actively removed by traditional positivist inquiry in an effort to control bias. This premise, particularly the political and moral aspect, calls for the voice of the researcher to be heard in the research process resulting in reflexivity being a key characteristic of many qualitative projects.

Fifth, qualitative inquiry values a rich detailed description of findings in a variety of forms. This is in contrast to the tightly controlled format of reporting in positivist inquiry which seeks to generalise rather than give detail and draw out diversity.

In the light of these points the nature of the research questions being posed in this study point towards the appropriateness of a qualitative approach. The multiple meaning and non-essential ideas on masculinities points to the need to explore it from an interpretative viewpoint (Peterson 2003). This inquiry sought essentially to explore issues around masculinities and men who are going about their professional roles as nurses and is therefore naturalistic and requires the various voices of the participants to be heard.

In exploring the diversity within qualitative research Denzin & Lincoln (2005) suggest that there are four main interpretive paradigms; positivist and postpositivist, constructionist interpretative, critical (Marxist, emancipatory) and poststructural feminist. Given the epistemological assumptions as outlined above, this study draws on poststructural feminist interpretative style while acknowledging values in constructionist interpretative analysis. This is rooted in scepticism as to the existence of singular explanations and a recognition of the subjectiveness of meaning while acknowledging the pervasiveness of gender constructs in contemporary society. This allowed for an open and wide angled approach to the interpretation of data in the study. Denzin & Lincoln (2005) contend that such approaches are, by their nature, naturalistic, which is appropriate here given the analysis of men in their everyday working and personal lives.

In considering the appropriate methodology for this study consideration was given to both discourse analysis and interpretive phenomenological analysis given that the research questions point to the need to look at the discourse around masculinities and men in nursing and also to look at men's individual experiences. I feel however that both

approaches, while valuable, would be limiting in their respective concentration on discourse and experience. The approach adopted allows for a broader interpretative framework.

4.6 Methods

4.5.1 Data Collection

Single in-depth interviews were conducted with 16 male nurses, working at staff level grade, in an Irish general hospital setting. In an effort to keep a broad perspective, interviews were carried out with male nurses who work in a number of different hospitals and in geographically different areas of Ireland. Participants were invited to participate on a personal basis and not on a hospital representative basis. Nurses who work at staff nurse level (the entry level into the profession in Ireland) were approached to participate so as to sample nurses who are involved in traditional nursing work and not management or other fields. Men who work in psychiatric nursing were not included in the sample as they are not in a minority position and come from a different tradition (more closely aligned historically with prison wardens) than general nurses. At the beginning of each interview participants filled out a brief demographical profile (see appendix I) which sought basic information such as age and length of time working as a nurse. The profile of the sample is outlined in detail in Chapter 5.

4.5.2 Sampling

A purposeful sampling method was utilised for this study. Purposeful sampling allows the researcher to target those who will be best placed to answer the research questions (Patton 2002, Creswell & Clark 2007). The recruitment of participants from different hospitals in different geographical locations increased the variation in the sample, however it is not suggested that all the possible variables in relation to men in the nursing profession were taken into account. As has been mentioned above the participants were all included due to their working in direct patient care situations. This was done in an effort to access the views of those working in what would be seen as the coalface of nursing and the area that is seen as typical and most representative of what the common perceptions of nursing work are. Many managerial and specialised posts in nursing do not involve direct patient care and men working in these areas were therefore excluded. The sample was generated through my own contacts in nursing and hospitals in Ireland. Emails and telephone calls were used to request participants to take part in the study and following agreement, times and locations for interviews were arranged. None of the participants were known personally to me prior to the study. Participants were working in a range of hospitals mainly in the greater Dublin area but also in the provincial areas of Northwest Ireland and the Midlands.

4.5.3 Interviews

The purpose of interviews in qualitative research is to 'allow the researcher enter the other person's perspective' (Patton 2002 p. 341). Interviews attempt to access that which cannot

be easily observed such as feelings, perspective or events which have happened in the past. Given the subject of this study, interviews were considered to be the most effective way of answering the research questions.

The interviews were conducted in various locations, suitable to the participants, including some in participants own homes, quiet areas in their place of work and some in hotel lobbies or quiet area of public houses. The interviews were semi-structured guided by an interview schedule (see appendix II) generated from the literature review, the research questions and from the experience of two pilot interviews which were carried out prior to the main data collection. Interviews were typically of one hour to one and a half hour duration. The order of questions was broadly based on getting the participants to recount their history of how and why they chose nursing as a career followed by a probing of their experiences of training, the reactions of others to their career choice and their own perceptions of choosing to become a nurse as a man. This account of their history with nursing prompted a reflection and review of their careers to date which was actively encouraged throughout the interview. It is important to note that in the early stage of the interviews I found it useful and important to relay the fact that I myself was a nurse and to demonstrate a sense of understanding of their histories. This was useful in making the participants more comfortable in the initial stages of the interview but was however done carefully and as the interviews progressed I minimised any input of my own experiences which may have influenced the interviewees in a certain way. Following an account of their history with the profession, questioning sought to uncover their experiences and views about their current lives as nurses on both a professional and personal level. The professional level was orientated around their current jobs and experiences thereof and the personal around their on-going perceptions of how they are perceived as men and nurses by families, friends and others. Finally, the men were asked their opinions and views of

gender relations in nursing in Ireland generally and about masculinities in particular. The loose chronological nature of the interviews helped to make participants more comfortable and forthcoming in telling their stories from the past before having to reflect on their current situations. While this is broadly how the interviews were conducted, guided by the interview schedule, inevitable divergence took place in the order of questions according to how participants told their stories.

Patton (2002) points out that the quality of data obtained in qualitative interviews depends largely on the expertise and abilities of the interviewer. Having some prior experience of interviews but considering my novice researcher status, the interviews were carried under guidance of texts such as Patton (2002) and Fontana & Frey (2005). Every effort was made to allow participants air their views while at the same time probe and investigate their comments. In this regard particular attention was given to the type of questions that were being asked in an effort to allow for open and broad responses.

Fontana and Frey (2005) point out that interviews while once considered to be a neutral and objective method of data collection, are now in many traditions seen as variously emancipatory, political and historically and contextually bound. I approached the interviews with the assumption that total objectivity is an impossible aspiration and was not desirable. My own experience as a man in nursing influenced the interviews and the intention was to carry out the interviews in an open and reciprocal manner in the feminist tradition (Lather 2004). I considered this to be morally and ethically important but also methodologically as it was more likely to yield richer data. I am however conscious of the difficult balancing act between reciprocity and my position as researcher. Fontana and Frey (2005) point out that it is never possible to be equals in the research interview process but continuing reflexivity on behalf of the researcher can help bridge this gap.

Interviewing men particularly about conceptions of masculinities, presents particular methodological challenges (Davison 2007). The presentation of the researcher as male or masculine can affect the presentation of the interviewee and can lead to a difficulty for men interviewing men. Traditional conceptions of masculinities may result in men being reticent about appearing weak or overly emotional to other men. Davison (2007) suggests however that by the interviewer acknowledging the contradictions in masculinities, progress can be made in allowing participants to present themselves with more comfort. By disclosing my own background as a man in the nursing profession and relating to the participants a small amount of my own experience I endeavoured to make them more comfortable in the interview process. The men interviewed were invited to contact me in the days and weeks after the interview to add or clarify any points they wanted, none chose however to relay new information.

4.5.4 Data analysis

All interviews were digitally recorded and transcribed verbatim. Analysis of the transcripts was carried out subsequent to each interview individually. Initial common categories and themes in relation to the research questions were formed after a number of interviews had been carried out. This draws on the theoretical interpretations I have made as result of studying the literature in this area. In an effort to disrupt my voice as the only voice in the analysis and as an exercise in increasing validity, these initial categorisations were used in subsequent interviews. Contact was also made with participants by telephone to seek clarification where necessary. This is a method that had been used successfully in other qualitative work (Lather 2005).

For the purposes of data analysis the software package Nvivo 9 (QSR International) was used. The process of coding involved an initial process of free or open coding whereby a large number of themes (see appendix III) were generated. Through multiple readings of the data the second phase of coding involved a collapsing and merging of the open coded into thematic area as represented in chapters 5, 6 and 7. The thematic areas varied and evolved as further reading of the data took place in conjunction with the literature in the area. In an effort to disrupt my own voice in the process my research supervisor was used to consider the validity and truthfulness of the process.

4.6 Ethical issues

Ethical approval to carry out the research was sought and obtained from the Keele University Ethical Review Panel in June 2010 (see appendix IV). All participants were given an information sheet (see appendix V) and asked to sign a written consent to participate in the study (see appendix VI). All participants were further verbally reminded of their right to terminate the interview at any time and withdraw from the study. Participants were further advised that the content of the interview would be anonymised, in the reporting of the findings, and that recordings and transcripts would be kept private and under lock and key. Digital sound recording and transcription files in soft copy were held in a password protected computer which is owned by me. No hard copies of transcription files were made. Real names were removed from transcription and replaced with pseudonyms in order to protect anonymity and appear as such in the findings and discussion chapters.

Christians (2005) points to four main areas of concern for researchers; informed consent, absence of deception, the protection of privacy and confidentiality and lastly accuracy of data and interpretation. On first consideration it may seem relativity straightforward to put strategies in place to fulfil obligations in these regards. In practical terms difficulties can emerge.

In the context of this study, all of those interviewed did so from an informed position, will not be identified, did not have their privacy invaded and were not deceived. The subject matter of the inquiry may however be intensely private to those being interviewed and while their interviews will not be publicised, the very act of talking about certain matters may be construed as an invasion of privacy. These concerns were addressed in practical ways by offering participants opportunities to discontinue at any time but remained a dilemma and concern throughout the study. In the event of participants becoming upset or distressed during or after interviews, provision was made to provide contact details for support organisations. These were also detailed on the information sheet (appendix V) which participants had to take away with them after interviews. No such issues did arise during or after the interviews.

Accuracy of data and of interpretation is also an issue which is somewhat difficult. As has been discussed above, participant checks were used in an effort to increase accuracy of representation and disrupt my singular representation of the data. In reporting findings the use of direct quotations from participants in the description of results is used which demonstrates actual participants views and not just the interpretation of them.

While I made attempts to carry out this research in a participatory manner which does not seek a distance and objectivity from participants, I am conscious that I was always in a relatively privileged position as a researcher viz a viz the participants and ultimately I

stand to gain much more then they will on successful completion. While this dynamic could not be changed it was borne in mind throughout. I also sought input from my supervisor in this regard as a more independent arbitrator of fairness and natural justice.

4.7 Summary

This chapter has detailed the methodology adopted for the purposes of this study. Drawing on both materialist and poststructural profeminist theories of masculinities it is argued that a qualitative interpretative approach was the most effective way of addressing the research questions posed. The procedural elements of the study are discussed followed by a discussion of the ethical concerns arising and how these were dealt with. This chapter sets out the basis for the reported findings and discussion of the next three chapters.

Chapter 5: Findings, personal identity and nursing

5.1 Introduction

This chapter addresses the stories and thoughts of the participants in relation to what being a nurse means for them and their identities as men. As has been outlined in the previous chapters gender identification is a complex and contested process which is increasingly being seen to be unstable and ever shifting, a continuous eternally unfinished project of the self (Butler 1990, Giddens 1991, Whitehead & Barrett 2001, Mac An Ghaill & Haywood 2007). It is undoubtedly the case however that engaging in work and the pursuit of career are important to ideas of gender identity in individuals particularly so for men (Collinson & Hearn 2001, Whitehead 2002, Connell 2005, Mac An Ghaill & Haywood 2007). Much has been written about men in work situations, often detailing the achievement of men in particular fields or within a wider discussion of macroeconomics, bureaucracy and management (see Max Weber for example). Often the role of employment in gender identity, particularly for men has been overlooked. Stressing the relevance of paid employment, Whitehead posits that it:

> 'is a primary vehicle of the otherwise contingent and unstable subject to achieve a sense of self, to become grounded and located in the social world'
>
> (Whitehead 2002 p. 124)

Thus work, career and employment are important aspects to consider in studying gender identity (Abrahamsen 2004). For men who are nurses the issue of gender comes into sharp focus given their overwhelming minority status and the association of nursing with women and feminine identities. This chapter outlines how the men in this study negotiate

gender identity as male nurses, both in the realm of work and outside, and argues that this is a process that is complex with multiple explanations finding place in both materialist and poststructural theories of masculinities.

5.2 Profile of the sample

In all 16 men were interviewed during the data collection phase of the study. As previously outlined all of the men are working in the general hospital setting and are registered with An Bord Altranais (the Irish Nursing Board) as Registered General Nurses (RGN). The age range of the sample was 25 years to 58 years with the average age being 36.2. The participants experience since qualifying as a nurse ranged for 2 to 10 years with the average being 4.8 years. When taken together these averages are indicative of the fact that for most of the sample nursing was a second career or one that was taken up after first having studied something else. This is a typical profile of men in the profession and is common in other studies (see e.g. Villeneuve 1994, La Rocco 2007, Ierardi et al 2010). 7 participants were married with the reaming 7 declaring themselves to be single. One participant identified himself as gay. 10 participants were working in the greater Dublin area, 3 in the northwest of Ireland and 3 in the midlands. The participants were working in various areas of nursing practice including Accident and Emergency, care of the older person, interventional radiology and general medical/surgical wards.

5.3 Deciding to become a nurse

Choosing to pursue a particular career can be associated with a myriad of factors ranging from social class, age, perception of financial benefit, self-efficacy, gender and simple personal preference (Corell 2001, Pavan 2010, Alexander *et al* 2010). In relating their thoughts on nursing as a career and what it means for them, all of the participants spoke of their entry into nurse training and education and why it was they chose to pursue a career in the nursing profession. At the heart of this discussion lies a contradiction; all of the participants were aware of the fact that their choice to enter a traditionally female dominated profession was something that set them apart from many men and indicated therefore that choosing to be a nurse was a decision which had certain consequences for them and how they think about their gender. Yet an overriding theme from the data in relation to how these men came to be nurses was the idea that they ended up in nursing by accident or drifted into nursing. This contradiction is explored further below. It is also clear from the data that for these men choosing to nurse is a decision which forced them to consider issues of masculinity and gender, issues which would not come into play with most other career choices. The decision to become a nurse is therefore for these men inherently reflexively gendered.

5.3.1 Previous experience

While choosing to nurse may carry with it complex questions about gender and masculinity, these do not emerge at the outset as issues which guide the rationale for

deciding to enter the profession. The participants spoke initially of issues which could relate to any career choice such as previous experience or family influence. The more complex aspects of their career choice either emerged from these issues or were taken up as separate issues.

Having previous experience of working with people who are ill or infirm was an important aspect of the decision for 12 of the men to pursue nursing as a career. This is a theme that emerges strongly for the extant research in this area dealing with nurses of both genders (Mooney *et al* 2008). A variety of experiences were influential in helping the men make the choice to become a nurse. These included previous work as a care assistant or porter in hospitals or nursing homes, helping to care for sick parents or grandparents in the home environment and personal experience of illness and hospital:

Eoin: (A)ll the males who qualified with me, we all had a background of healthcare assistant or voluntary work in hospitals... And the thing I found as well, one or two males, their grandmother or grandfather would have been very sick and they looked after them when they were sick so they liked that end of it as well.

Niall: I suppose I did spend a lot of time when I was younger in hospital. I saw the other side of it.

Gerry: Well after I done my leaving cert I got my first job at (Name) Hospital and I worked there for two years and then after that a position came up, it was nearer home, in (Name) Hospital, for what they used to call, male attendants at that time. And I worked there. My mother was there as a carer for 40 years and my aunt had worked there so I suppose it was in the family to work in hospitals.

In this context these men are indicating an early experience and enjoyment of a role that is not traditional for men and one which could be marginalised or subordinated in a hegemonic order of masculinity. Experience of the care arena does seem however to have been a deciding factor in choosing to become a nurse, even the participants who came directly from second level education had some voluntary, part time or family experience of nursing work:

John: I had actually got the work experience in the hospital. In the porter room service I got to do some weekends, holidays. Earn a bit of money. I also got to see what the hospital was like. I got to actually really like the hospital so I thought maybe I will stick with the hospital. I liked the environment

It is noteworthy that jobs as hospitals porters, care assistants and attendants appear to be readily acceptable as jobs for men by the participants themselves. None of them mention any instance of family, friends or others making any comment on this type of work. Thus these are healthcare roles which are acceptable in the hegemonic order. Becoming a nurse however is another matter and is seen in a completely different light as Cathal alludes to below in talking about the reactions of his fellow attendants when he was accepted for nurse training:

Cathal: Because the attendant job is a dead-end job, you are not going anywhere and you are going to do the same thing every day until you retire. There was a lot of jealousy, a lot of honest jealousy, they didn't do it behind my back, they came up and told me that they were jealous and stuff like that. It was

interesting from their point of view because I wouldn't have felt that at all if they had got on, I would have felt, good luck, what are you doing that stupid job for?

Displaying the complexities of choosing to nurse and finding a place in the order of masculinity, Cathal wants to demonstrate his pride in escaping a dead end job but in the same instance denigrates his career progression as going to do a 'stupid job'. In a hegemonic masculinity order dead-end and stupid jobs are to be belittled.

5.3.2 Influence and reaction of others

Interestingly while all of the participants were able to point to individuals who positively influenced their decision to become nurses or were supportive, they remember also (in 11 cases) people who at best were lukewarm to the idea or at worst, tried to dissuade them from entering the profession. Family members who were already in the profession or working in health related areas were influential in encouraging the participants to enter nurse training. The fact of being able to hear at close hand what the job was like appears to have had a positive influential on choice and some cases there was a feeling of continuing a family tradition:

Oisin: Well I come from a kind of a big background of nurses. So my sister is a nurse in intellectual disabilities and kind of aunties and all these sorts of things were nurses

Participants also spoke of the reactions that they encountered from family, friends and others on telling them they were going to study for nursing. In most cases close family were supportive of the decision to become nurses while at the same time being bemused or less than enthusiastic about their career choice:

David: My parents didn't mind what I did so long as I did something, if I went to college, I went to college or if I went out to work, I went out to work. They didn't mind what I did and they sort of said to do what you want, it is up to you, if you don't like it you can leave or you can finish out your four years and then go off and do something else. My parents were quite happy for me to go and do nursing and my grandparents were quite happy as well, there was no real resistance in the family

There remained a suspicion for some of the participants however that while people were not openly questioning or negative of their decision to do nursing, they were privately surprised or bothered. Signals in this regard were picked up from wider family, sometimes directly to the men themselves but more often mediated through other family members:

Oisin: Now you know over the years it had annoyed me. It doesn't anymore like now that I have got older and over it but you know there was that stereotype of you know, because I was a male nurse , and even cousins and family members would say to my mother like be going like "well??"

Interestingly overtly negative reactions were encountered on a few occasions from children either their own children or nieces and nephews. This centred very much on their perception that nurses should be women and that the idea that their father/uncle was a nurse was somehow not right or strange:

Oisin: Even my nieces and nephews now would still; the whole male nurse thing would still not quite connect with males being nurses. Like I have nieces and nephews from eighteen to three and four like but the younger ones now even three and four still think that you are a doctor. A doctor nurse you know they don't quite connect that. They think that a nurse is female.

Another participant (Cathal), who entered nursing as a mature student and has a grown up family of his own related how his teenage son asked him would he not go back to study engineering or something more 'manly'. Thus tensions could arise in families around the competing perceptions of the men as fathers/uncles and family men and the perceptions of them being nurses, pointing to a perceived disturbance in the 'natural' order of things. The influence and reaction of families is a theme picked in other studies in this area (Villeneuve 1994, Whittock & Leonard 2003, LaRocco 2007) where supportive families are seen as key in men's decisions to choose to nurse.

In terms of influences from outside of families, participants spoke of talking to friends or acquaintances who they knew were in the profession, many of whom were positive about their idea to study nursing. It was also important for these men to be able to identify a man who was in nursing to gauge what it would be like. These connections were often tenuous (a brother of a friend of a friend type contacts) but seem to be none the less important:

David: When my grandfather was sick I ended up talking to another guy that was nursing and he said it was fantastic and the travel opportunities were good as well. He was the only person I ever talked to, he was a nurse manager in [hospital name] at the time and he said to try it. So I thought I'd give it a shot for four years.

All of the men spoke of their desire to see more men enter the profession. A key barrier to this, they felt, was the lack of visibility of male nurse role models for men and boys considering nursing as a career. Few popular images were readily identifiable as connecting to their sense of their own jobs and some images of male nurses are offensive to them (for example of images identified, Charlie Fairhead in the BBC drama Casualty seems to be less offensive while Greg Fokker in the movie Meet the Parents is more offensive to these men). This is a finding backed up by other empirical work (Villeneuve 1994, Romem & Anson 2005, O'Lynn 2007) with the lack of male nurse role models being considered to a barrier to male recruitment, a particular theme in the US. In creating an identity as male and nurse there is a lack of identity resources.

The participants, while recognising positive influences on their decision to become nurses, also experienced individuals and influences that were less positive. In keeping with other studies, (La Rocco 2007, Curtis et al 2009) career guidance counselling in schools was mentioned by 6 participants as being either not hugely influential or encouraging of the decision to apply for nursing, to being dismissive of the idea. This dismissiveness was related to particularly to all boys schools:

John: It was very few (boys) that would have applied for it. In fact I can't think of anyone else who may have applied for it. The career guidance I suppose was all pushing us towards maybe business and towards maybe more male orientated jobs

Exposure to promotional talks from hospitals and health organisations was however influential in some cases in deciding to become a nurse. Besides not offering support for nursing as a career choice, school culture, particularly all-boys schools, was spoken of as being openly hostile to the idea. A minority of participants (3) reported fears of derision and even physical violence on telling their fellow pupils of their decision to apply for nursing:

David: In the first school that I was in, where I first did the leaving cert it was an all boys school and I couldn't have told anyone I was doing it, I would have got the shite kicked out of me. Whereas when I was in a mixed school I found it a little bit easier to say that was what I was off to do.

TO'C: But in the boys school...

David: No it was very much seen as a ponce's job and that was all there would be to it

In one case this was not isolated to fellow pupils but also choosing nursing became an object of derision by a teacher:

Rory: There would be jobs that are perceived to be more of a manly profession. Whereas nursing is kind of not. You know it can be perceived sometimes quite

> meek and it's women dominated and with the lads I went to school with that was it and you didn't tell any of the teachers but they obviously, one of the teachers did find out, he caught me with his daughter one night and he made a holy show of me about being a male nurse the next day. He asked me in Irish "what do you want to do when you leave school"? And I had only told one of my other friends and I said you know just some waffle in Irish and then he just went to me “a nurse"? And that was it. I was bollixed. I got dogs abuse.

This is indicative of the strong influence of schooling in the formation of certain types of masculinities as explicated by Mac An Ghaill (1994) and how the teachers impose what Connell (2005) terms the gender regime. The ‘shite kicking’ boys are however also creatively involved and there is a performativity identifiable in the way in which the heterosexual matrix (Butler 1990) is imposed by the laddish behaviour of all-boys school is particular.

Schools therefore were not in the main positive influences for those who were actively thinking about nursing at that time. It is noteworthy that of the participants in this study only 6 went into nursing as school leavers and the participants who were older and chose nursing as mature students (albeit in their early twenties in some cases) commented that it was easier to make the choice being older and away from school. While this study is obviously dealing with men who have made the choice to become nurses it is interesting to contemplate that there may be male pupils in schools who feel they have been unable to take this decision due to the feeling of going against the grain of masculinity imposed or created by schooling.

The men who chose nursing as second careers were not however immune to such teasing and jibes. Reactions were more likely to be negative from other men, in the form of teasing from friends or perceived strange looks from others:

Cathal: Like when I got the nursing, I was getting fish net tights sent to me and stuff like that and the lads down the local pub would be saying, 'are you going to wear them tights for us tonight?' and all this shite. They are messing but at the same time they believe it to a certain degree.

The reaction of female friends and acquaintances was generally more positive:

Niall: I find I suppose it is more accepted by girls. Like if I went to say a party or something like that and you were talking among people. “What do you do"? I mean girls would be like " oh yea" you know and they would actually be happy to about it and you know and chatting to you away about it. Whereas you don't know whether the guys, they don't know which way to take it. Some of them are like “oh right, ok". But then the other guys would be like "oh that's cool". Like I mean but you still get that whole thing of guys kind of looking at you different when you say that is what you do.

Here again the imposition of a masculinities order is visible with other men subordinating that which is contrary to the hegemonic. Age and experience was mentioned as a factor which mitigated the discomfort caused by negative reactions but it is clearly evident from the interviews that deciding to become a nurse was both influenced by others (in all cases)

and entailed dealing with the reaction of others (in 13 cases), often negative particularly from other men or boys. Age and experience though appear to allow for greater reflexive creativity in personal biographies. Lastly, while the influence and reaction of others was important, choosing nursing also entailed coming to terms with their own ideas and conceptions of nursing. Thus maturity brought not only an ability to deal with what others think but also and ability to deal with own thoughts:

John: I actually thought about applying for it. I made enquiries about it and, yea so maybe at that stage because I was maybe a little bit more immature. I couldn't handle the fact, maybe I was the only man in the place and a female dominated job and I didn't like it and I didn't like doing these women, doing these jobs you know.

Thus for these men choosing to nurse involved placing themselves at risk of marginalisation and subordination in the hegemonic order of masculinities, evidenced by perceptions of families, schoolmates, teachers and other men. As is demonstrated by the quotation above the men are in any ways understanding of this and have had to come to terms with their own prejudices. Choosing nursing as a man in Ireland is therefore a viable career option but one which leaves the men open to uncomfortable experiences.

5.3.3 Why nursing?

Given the risk of difficult experiences, it is interesting to consider what motivates men to pursue nursing as a career. Traditional portrayals of those choosing to become nurses

emphasises the desire to nurture, care, selflessly tend to the sick regardless of pay or conditions and of 'angels' with a vocational calling (Maggs 1983, Evans 1997). This picture may not sit altogether easily with any applicants to nursing, male or female, in modern society. However contemporary research (while not always distinguishing between genders) reveals that most nurses choose nursing because of a desire to care and to help (Beck 2000, Rheaume *et al* 2003, Mooney *et al* 2008). In talking about their aspirations and reasons for becoming nurses the men in this study do not talk about caring or helping as primary motivators. This aspect of nursing is deemphasised and the primary rationales for choosing nursing stress financial, employment opportunities and educational benefits more closely aligned with traditional masculine career choice.

The educational opportunity offered by studying nursing was a key factor in the decision of eleven of the participants in this study:

Cathal: In the end I decided to do it because it was an opportunity to go to college, that was basically it. I wasn't really interested in nursing per se at the time. So I just took it on and I ended up passing the first year and then the second year and then the third year and then I was qualified.

The minimum entry level nursing courses in Ireland in 2002 moved to bachelor's degree level, a fact not lost on the men and this increased the attractiveness of nursing for them. Similarly participants were keen to stress the financial and career security good sense of their choice to become nurses. The fact that nursing is now a professional career with a relatively good salary structure makes it, in their opinion, a viable option for them as men:

Hugh: Well I looked at it and I thought, well your salary goes up every year, you get your degree, you can go on and do something else from your degree if you want and I just thought it was a really good option to go into nursing at the time.

Fionn: Men sort of were always bread winners in the past and nursing wasn't considered a role that provided enough money for people, you know, it was a sort of a vocational profession. So I think when money came into nursing it was an option for people to move away from it being a dependent career rather than to providing a living

An effort therefore is made to link choosing to nurse to very pragmatic issues with little talk of aspirations for the traditional concepts associated with nursing or to fulfil an intense desire of always having wanted to be a nurse. The emphasis on breadwinning, salary and qualifications are perhaps indicative of an attempt to demonstrate an adherence to the hegemonic order despite working in a traditionally female profession.

One of the most striking aspects of all of the interviews was the idea that fifteen of the sixteen participants had 'fallen' into nursing by virtue of circumstance and haphazardery. This ‘falling into’ nursing is a result of either a set of circumstances that presented themselves for mature entrants or as a reaction to not quite knowing what to do as school-leavers. This is portrayed as being in stark contrast to females in the profession, many of whom would have chosen nursing as a career from an early age:

Cathal: I actually had no interest in doing nursing and then there was a sign on the wall in work that they would sponsor somebody to do it who had worked as a care assistant for more than five years.

Liam: Sure it was by accident if you like. I suppose back in 2001 just I was out of work in, I left college the year before and I was doing different things. I had been travelling , but I had been working for a company and then after 911 it was based in the travel industry and what happened then was that a lot of people who were kind of the last in were first out. So for a period of time I found myself looking for work. Now it just so happened that friends of mine were nurses and they were working in nursing so it was kind of fairly familiar.

Rory: Whereas, you wouldn't see that, the women were kind of like regimented. They were sitting in the front and they had their twenty eight different coloured pens for writing their notes and you wouldn't have a piece of paper on you or a fucking pen let alone anything else you know so it kind of, they had a different mentality to it like "this is my lifelong dream". Whereas with blokes it was kind of like "oh look fuck it this will do until something else comes up".

Further 'evidence' of the accidental nature of their career choice is given by way of mention of having come to nursing in a roundabout way. Indeed the circuitous route by which many of the participants came to nursing is illustrated by the range of different jobs and occupations which various participants had done and mentioned in the course of the interviews. These include; porter, care assistant, barber, trainee priest, working in a chemical factory, lamplighter, builder, banker, ski instructor, travel agent, software writer, IT worker, trainee teacher, working in a bookies, office work, grocer, worker in an off-licence and post office manager. The participants who did come into nursing directly from school displayed an equal feeling of ambivalence about their career choice:

John: I never had seriously considered doing nursing. It was just a backup plan. I mean a course I wanted was commerce with German because I like the language side of things.

David: I have no idea what influenced me to go in. I was repeating my Leaving Cert (Irish second level State examinations) and I sat back and I didn't know what I wanted to do at the time and it was the first year that nursing had become a degree and I thought I'd give that a shot

Thus nursing as a 'back up plan', 'an accident' or saying 'fuck it, it will do' are expressions of a theme which portrays a nonchalance about why they chose nursing. It could be concluded that these men are therefore reluctant nurses, not fond of the caring work that nurses do, at best unsure of what they want to do or at worst completely indifferent to their chosen profession. There is also a resonance with a devil may care attitude and again perhaps an attempt to sustain a hegemonic positioning. However it becomes evident in the course of the interviews that these men are by and large very committed to their work and did not perhaps choose to enter nursing as accidentally as they would seek to portray.

5.3.4 Not so accidental nurses

Of all the participants only one stated clearly that he had always wanted to be a nurse:

T.O'C: So you always had an aspiration to work in this profession.

Gerry: Yes.

T.O'C: Why did you want to be a nurse over anything else?

Gerry: I suppose I was always interested from my mother, being reared in the hospital I suppose I didn't know much else, well not that I didn't know much else, but I had no inkling to go towards mechanical or carpentry or anything like that, just the caring profession. Because there used to be the Wheelchair Association and I was involved in the Order of Malta, I was always into this type of caring or whatever, first aid type of thing.

T'OC: So it is something that you wanted to do.

Gerry: Always.

While this statement is unique in these interviews (it is highly unlikely that this would not be unique in a similar sample of female nurses) there are other indications that the men interviewed do feel an affinity to the caring and altruistic side of nursing and were conscious of it when choosing to enter nursing.

Kieran: I'm very interested in the whole theory of it and then from a practical point of view I suppose I do enjoy being able to do it and I am glad sort of that that is my interest because I feel that you do help people, you know maybe I am sounding now like it is a calling! *[laughs nervously]* but you do you know it's a lovely thing to feel that maybe you have helped a patient or a family member or whatever even in some small way and I think it's an area you know that you really can make a difference.

Iarliath: Well I was in a bank in (place name) for seven or eight years when I left school so I got fed up with banking stuff and so I went travelling then for three or four years. But I always had a bit of a gnawing about nursing when I was 16 or 17 I was talking about it but I mentioned it to friends and they said, 'what are you doing nursing for?' and laughing at me to say as a male going into nursing."

Choosing nursing was almost a guilty pleasure for some participants:

Niall: Yea I mean my Dad is an engineer so he also said to put down things like engineering. Now I don't know whether he just thought "ok if you don't get into nursing you have got engineering to fall back on" and I did get accepted to other courses like some of the engineering in different colleges but I kind of chose the nursing over it.

Similarly while men emphasised the pragmatic and accidental nature of the choice to be nurse, there is also recognition that they must have a caring type ability in order to do the job. This is illustrated nicely by Iarlaith when talking about why he chose nursing states:

Iarlaith: Yes just to help people and stuff, I have got a generous nature sometimes and stuff, so maybe just to help people.

but quickly follows it with:

Iarlaith: I also think about travelling and I always knew that nurses can travel a lot so I think it might have been the combination of a few little things but it wasn't anything major that I had nursing in the back of my head.

While not expressing a desire to care explicitly many of the men did speak about their wish to 'work with people' or having an idea that they could relate well to people and deal with emotional work. This conclusion was arrived at in some cases by virtue of careers in other areas beforehand, which in some cases reinforced the ideas of liking working with people or a frustrated wish to work with people, leading to the quest for a job like nursing:

Liam: I had always done a lot of work working with people and I suppose I find the work rewarding and enjoyable. A lot of other kinds of work that I had done had been kind of sales based and I was used to dealing with people.....I can relate to them. ..I think I was quite good at relating to people. I have a sort of sympathy and empathy for them

In many studies considering the rationale for career choice among nurses, working with people is often quoted as a reason for choosing to nurse, it is however often tied to the idea of helping or caring for people (see e.g. While & Blackman 1998, Beck 2000, Mooney *et al* 2008). This speaks to a commonly held image of the aspiring nurse is of the girl who tended to sick animals when younger, is kind, considerate and above all caring and therefore chooses to become a nurse. It is unsurprising that this image would appear not to speak to these men's rationale for choosing nursing yet, they do express a different form of this which is compatible with a masculine identity. Thus in choosing to become nurses the caring, emotional and helping (feminine) connotations of nursing are deemphasised in favour of the (masculine) professional, pragmatic and instrumental image of nursing as a career choice. This is in keeping with other research addressing men in nursing (Zysberg & Berry 2005, Romem & Anson 2005, La Rocco 2007, Dyck et al 2009) where a common

theme is that men primarily choose nursing because of the career opportunities. Underlying recognitions do however emerge that their choice to become a nurse is in some way related to an attribute of their character which enables them to carry out their roles. As Gerry admits:

Gerry: I suppose, that it does attract people who would like to care for others, who would like to spend their life in a profession that they would be rewarded by caring for people rather than being motivated totally by money or by general turn over, selling or producing or whatever. I say nursing has become more of a profession, that is its orientation but yes it does attract people who are more caring. You don't get any thanks for getting a person a glass of milk or something like that but if you are not able to do that in nursing then you are not a good nurse.

The gender schism between the theme of caring/altruism/helping and the career aspiration/job security theme emerges, it would appear, commonly (Ekstrom 1999, Boughn 2001, Ierardi *et al* 2010). There is also an interesting undercurrent in the nursing literature which appears to valorise the caring/altruistic /helping rationale over all others. Consciously or unconsciously authors seem to find comfort in the fact that nurses are motivated by wanting to care for others and are sceptical of anyone who enters nursing with career ambitions. For example Beck (2000) concludes:

‘Our profession is indeed fortunate to have so many caring individuals attracted to it’

Beck (2000) p.322.

While Mooney et al (2008) and McLaughlin *et al* (2010) would appear to present the rise in the concern over career progression among nurses as being on the opposing side of an axis to caring and altruism. This is not to suggest that there is anything wrong with individuals choosing to nurse due to caring or altruistic tendencies but this narrative is perhaps a narrow view of why individuals choose nursing.

The finding of this study and the extant research do however point to a bind for men in nursing, if caring and altruism is valorised as a reason for choosing to nurse. As can be seen from the findings above, men suppress the expression of their caring and altruistic tendencies which in this case sets them apart somewhat from why they 'should' be choosing nursing. The portrayal of drifting into the career and not really planning it is also interesting in that the masculine subject would have taken far more control of career decisions. It may be the case of the lesser of two unmasculine evils for these men; display career indecision rather than claim an association with caring, emotions and nursing.

There is certainly little suggestion that any of the participants set out with the intention to challenge gender norms or storm a female bastion, if anything they try and play down the gender issues surrounding their choice to do nursing and try to separate themselves from the feminine, emotional, caring image of the profession. What emerges however seems to be paradoxical views on the agency exercised in choosing nursing and the dissociation with the consequences of that choice. These paradoxes may result from the presentation of the idea of deciding to become a nurse in as masculine a way as possible.

5.4 Being a nurse

Having taken the decision to enter the nursing profession the participants in this study then spoke at length about their experiences of being nurses. In this section these themes are examined with reference again to what this experience means for the men in relation to how they think about themselves as men and nurses. As with the stories of choosing to become a nurse, contradictions abound with regard to doing the job of nursing and being a nurse. This is captured nicely be Cathal in the following exchange:

Cathal: Internally I don't like being a nurse.

TO'C: Really?

Cathal: When I say that now I like the work, what I am saying is that when I am at home and I am thinking about myself as a human being in the great big scheme of things I don't like being a nurse. I don't like the fact that I work as a nurse.

TO'C: Do you not?

Cathal: No I can't stand it, I'd rather be anything, I'd rather sweep the roads or I'd rather be a postman. A postman was something I always wanted, I always seen it as a real man's job, fucking hopping on your bike, delivering the post. But no, I don't like being a nurse at all.

This discomfort with being a nurse was echoed in some shape or form in all of the interviews. Participants were not however exclusively negative about their personal experiences of being nurses. This is explored in the final section.

5.4.1 Living in a woman's world?

The characterisation of nursing and nurses as female and feminine is well documented (Bradley 1993, Evans 1997, Meadus 2000, Miers 2000, Evans 2004, Abrahamsen 2004, Loughery 2008) and nursing is seen by many to be, as Walters *et al* (1998) put it 'the epitome of womanhood' (p 232). Men who are nurses therefore find themselves at odds in relation to one central part of the commonly held view of what a nurse is. Unsurprisingly therefore the female and feminine connotations of nursing were a theme that all of the participants in this study had opinion and views on. Accommodating these connotations would appear to be an important part of how they negotiate their gender identity.

None of the participants take issue with the fact that nursing is characterised as female and in most cases they consider it something which they have to live with even though they may not be entirely happy about it:

Liam: I think that is just a historic thing just like the majority of nurses were always female or they are always seen as like the doctors hand maiden in some ways you know.

Niall: I don't like it…. I think if people got rid of this whole idea that it was just a female job that. But you can't do that because of the fact that there is so many women in it now

An innate sense of being comfortable in working in such a female dominated area is however not apparent. The idea of "getting used" to the female image of nursing and it being dominated by women was commented on by 7 of the participants in terms of

something that gets easier with time. Again age and length of time as a nurse would appear to allow for a reflexive accommodation of the feminine connotations of the profession despite struggling with this at first:

Eoin: But it was only when I actually went in and I saw the ratio of males to females in the college in the seminar room it was like, oh my God!

John: No I don't really feel awkward about it anymore. Maybe I probably did feel a bit awkward at the start you know. There might have been a bit of embarrassment around being a male nurse. You know just the fact that because it is such a female dominated job

Kieran: ..I was twenty two when I started my nurse training like so and I hadn't really thought about it at school. Maybe if I had of thought, maybe if I had been applying for nursing straight from leaving cert I would have got a harder time in things like those kind of , things that we were talking about there would have bothered me more because you are at that kind of an age and you know.

In portraying themselves as nurses the men are keen to stress the professional aspects of their role. Thus again there is an attempt to create distance with the feminine coded caring aspects of nursing and emphasise the hegemonic male professional aspects:

Fionn: I would imagine that it was one of the reasons apart from the fact that a lot of nursing was along the nursing sisters and Florence Nightingale and the role model itself was one of female service….but modern nursing is far more

technical and far more of an industry and far more producing of a product and giving value for money in the sense of where you get people to the stage of independence where they can live their lives to the full.

Kieran: I know a bit about the history in nursing, you know obviously that is the history and I respect that but I think I would very much consider myself a professional you know. Maybe nurses didn't in the past. I don't know, maybe they did. ….I certainly wouldn't consider myself you know some sort of a slave to any other member of the team

Striving to be considered fully-fledged professionals is something that nursing as a whole has been engaged in for some time (Wuest 1994, Yam 2004) and the men appear to embrace this but perhaps for the added reason of homogenising nurses and normalising their position as men.

There remain however some practical concerns. 12 of the participants recited their frustration at times with the social aspect of being often the only man in the work environment. Here feelings of isolation or not fitting in are common with coffee breaks being the most often quoted problem area. There is a sense also of the men keeping these feeling in check in recognition of their minority status but under the surface there appears to bubble a discontent with their lot in this regard:

Cathal: And that you have to listen to the cackle, the chat about the night out and you just have to listen to it. I don't take my break with the girls in the room anymore because it is just cackle, cackle, cackle. I just go to my car and have a sandwich and a cup of tea and I come back and I am ready for it again. It is all

about knitting, you know what I mean, the same old, same old, they are bitching about somebody in work which we would never have done, giving out about people you work with, that is their business. Maybe I shouldn't go to the car, I am just thinking because they are probably talking about me now when I am going!

Michael: Well there was always that whole thing, you would go on break you would be finishing up and the way people invariably they start talking about their relationships…I was always kind of sitting there kind of silent in these conversations because I was single and a bit kind of almost embarrassed about being single or whatever. In this female dominated environment everyone else would be talking about kind of like really personal type stuff. I would be sitting there like numb or mute … I don't know it was kind of a distance kind of thing you know. It was kind of a weird sort of a situation to deal with you know.

Thus in terms of the actual work of nursing accommodations are arrived at which allow for being a man in the women's world of nursing. When it comes to the social side of work the men were far less comfortable. This could be interpreted as a statement of 'thus far and no further' on behalf of these men. They accommodate some aspects of what they see as feminine for the sake of their profession but draw a line under becoming too much like women. A number of participants voiced a need, now and again, for the company of men:

Oisin: I used to meet up with the lads and I would say "it's good to meet for a few manly pints" you know. You know I used to say, be saying "Jesus I think I am going to turn into a woman". You know a woman, because of the fact that you

> are hanging around with women so much and going off and having a few pints with the lads is different like again and you change like, yea. You probably fall into the role.

It is clear therefore that being a nurse gives rise to consideration about gender identity and masculinity for these men. Popular culture portrays the male nurse as a man who is in touch with his feminine side and one who is comfortable with women. However, the finding here reveal a conditional nature to taking on what is considered to be female and a desire to express traditional masculinity when possible. This points to an altogether more fluid and complex gender identity process and indeed is resonant with performativity in negotiating nursing and masculinity (Butler 1990). The 'manly pints' nights are shaped by an altogether different discursive framework than the day job. This points again to the fluidity and reflexive nature of contemporary life.

5.4.2 Perceptions of being gay

Without exception, and in most cases without prompt, the conceptualisation of male nurses as being gay was a theme which emerged from all of the interviews. For participants this conceptualisation ranged from being annoying, mildly irritating, irrelevant, to being humorous and laughable. The initial and most common reaction from a majority (10) of the participants was that it was a tired stereotype which did not bother them, at least at not at this point of their careers. As with the female imagery it is something they have gotten used to:

John: Didn't bother me at all to be honest with you. I would kind of laugh it off but I mean I suppose if I was sensitive to some of these comments I mean maybe it would affect you but to be honest it didn't really bother me at all. I just laughed. I am happy in the job I am in.

Kieran: You know. You do hear those kind of things but that's just nonsense really. I think you know. No I never really would have paid much heed to it you know.

Liam: (T)hat's something when I first started off nursing that annoyed me. Now you know over the years it had annoyed me. It doesn't anymore like now that I have got older and over it but you know there was that stereotype of you

The men however all recognised that the perception was there in common culture and some of the responses to this area, while portrayed as nonchalant or as not being bothered, display a certain edginess and defensiveness that suggests the contrary. This is in particular when dealing with teasing:

Rory: they (my mates) are all in the army and like… and I'd meet up with one of my mates in particular and you would go out with all the rest of the lads that were males as well. Sure you would be all out with them and " oh did you see any willies at the week-end" and " do you suck cock" and do you know because it's such a contrast between being in the army and being a nurse you know there is the variation between the two is huge….they think like their perception of what I do for a living is I go around, I look at men's willies for the rest of the day. I look at grannies saggy diddies. This is their words not mine. And I like knob and I sleep with men. That's their perception.

TO'C: Right.

Rory: But they don't see the homoerotic side to sharing a shower with fifteen other men. You know. They don't see that aspect of it. "Yea you soap each other up quite a lot like". "You have probably seen more of each other naked than I will see of any man naked in my whole career", "but you have a perception" and the perception in this country is "you are gay".

The positioning of male nursing as gay by other men is strongly indicative of a hegemonic order where gay men are marginalised and denigrated and the discomfort associated with this is evident. While some of the participants were simply bothered and intensely disliked the suggestion that they might be gay others were keen to stress that they were not homophobic but did not like the assumption that was made about their sexuality because of their chosen profession:

Cathal: It is that and it's the perception of the bloke that is doing it is gay or not fucking right in the head, a bit touched, a bit softy, softy, touchy, feely. Because I am a bloke and I am the type of bloke that fucking likes getting stuck into the football or whatever, there is nothing that way about me at all. But the perception is because you are a nurse you are gay

David: Yes you do get it the odd time where they try to say that you are gay and everything else and I am not and I am quite happy about that. And most of the lads in nursing aren't, and they sort of have this stereotypical image from films and that that all male nurses are soft and gay and that is the only reason they are

there, they are not proper men and that.

Fionn: There is a bit of stereotyping and there can be a tendency to classify all male nurses as gay or something like that. The female nurses almost tend to do that themselves, they tend to classify people as gay because they are male. So you can either get nurses that are making macho, you know what I mean, or you can get nurses that are blatantly look foppish and gay but it doesn't necessarily follow that that is what they are.

It is interesting to note in the last quotation how female nurses seem to make assumptions about male nurses being gay. Perhaps the gay male nurse is more acceptable in the femininity order of nursing, a concept less explored in comparison to hegemonic masculinity. What is also notable is the fact that while not being hostile to gay men themselves the men are not altogether embracing of them either relating, again to a desire to create distance from the non-hegemonic. Connell (2005) notes in this regard that non hegemonic men can be complicit in perpetuating the hegemonic order in their lack of support for the marginalised.

In dealing with the perception the men stressed the unfairness of linking sexual orientation to a profession and were keen to make this distinction. Only one of the participants identified himself as being gay in the course of the interviews and in this regard he too disliked this association:

Hugh: Not really, because I am gay anyway so it doesn't really bother me then if people think I am gay ... I don't think it is an issue when you are in work really because you are there to do a job and you are being paid to do a job so it

shouldn't really be an issue.

Eoin: No but I know two or three male nurses who are great friends of mine and they are gay, but I don't look at that, that they are nurses and they are gay because they are friends, you know that way, like they are professionals.

The overriding theme portrayed however in relation to the perception of male nurse being gay would appear to be of an irritation at a persistent stereotype and an acceptance (not necessarily happily) that this would not change quickly. Indeed 3 of the participants spoke of making a joke of the stereotype and parodying or playing with it:

Rory: I used to go drinking in (city) with one of my friends and we used to go to all the gay bars. We would get a pint at five o'clock in the morning and he was married to an Irish girl and always the rule was "don't tell them we are nurses", and one night he decided to tell a fella that we were nurses. "Oh what do you do for a living lads"? "We are nurses". "Do you want to come back to my house to do drugs and have a threesome" and you kind of. Oh yea definitely. Oh Jesus Christ I was pussy on the huff as Richard Prior would say. They wanted you. "What do you do for a living"? "I'm a nurse". "Hello". That was it and it was brilliant. It was really really funny like. I am not exactly small and petite and you know "oh you are a male nurse, oh gorgeous, come with me". "No I just want to drink and look at the really pretty lesbians in the corner"

There is a certain performativity at play here in adopting a parody and playing with the stereotyping of male nurses while on the other hand, in poking fun at the gay men in the bar, there is a resonance of subordination and denigration. The association of

homosexuality and male nurse is thus well recognised by the participants and certainly something they all have thought about or come across in the course of their nursing careers. While some of the literature in this area attaches great significance to this association in terms of its marginalisation of male nurses (Heikes 1991, Williams 1992, Villeneuve 1994, Evans 1997, Meadus 2000, Miers 2000, Harding 2007) in this study, while the issue is significant, it does not appear to impact hugely on individual men's perception of themselves or their gender identities particularly the longer they are in the profession.

5.4.3 Bodies on the line

While feminist theorists have long recognised the significance of the body as a primary aspect of gender performance and expression (Butler 1990), contrary to its physical significant, the male body has been under theorised by theorists of masculinities (Whitehead 2002). As outlined in Chapter 2 nursing is strongly associated with bodywork both in terms of the work that nurses do on other bodies and the way in which they use their own bodies. For the men in this study both these aspects were relevant. Doing the physical work of nursing was, particularly in their early careers, an issue that was approached carefully and had given all of the participants some pause for thought. The intimacy of carrying out personal care and the discomfort that could result was accentuated by working with patients of the opposite gender, although 5 of the participants considered that this was the same for their female colleagues:

TO'C: ….essentially you have to be quite close to people.

Eoin: Yes I agree with you, even washing someone's face, some young person has probably never done that before and all, especially males and females, it is not just the males. And then like a lot of males and females wouldn't have seen an older person's naked body and straight away there they are working as a nurse and they are after washing this person and turning this patient and feeding this patient and all.

The nature of the nursing intervention required also influenced how the men felt about physical presences as nurses and the level of physical contact with the patient. This comes into sharp focus in relation to providing care to women which involves (or potentially involved) contact with the genitailia or breasts. All of the men talked of how they approach these situations very carefully with an awareness that they need to be sensitive to the potential discomfort of their female patients but also with a view to their own reputation:

Fionn: Well if there was anything to do with female catheters and things like that or changing dressings on breasts and things like that, I wouldn't be too comfortable just going into a room and asking the person to... I'd want to be working in that area for quite a while before I would feel comfortable just walking in and saying, 'can I change your dressing.'

Liam: It can be. It can be. It is something that I would have to be aware of myself as well that I am not left in a position where you can be left open to being accused of any kind of interference with a patient. Particularly of my own age or younger. It is just something that I would be aware of myself and on the

occasions where I have felt that it could be an issue I have always looked for a chaperon or somebody, another member of staff to, as an accompaniment or to accompany me with a patient.

Evans (2002) describes how male nurses must be 'cautious caregivers' as their touch can be interpreted as sexual, a fact the comments above reinforce. Thus a certain awkwardness of masculinity comes into play in being a man in the profession.

Coupled with the men's caution in this regard they also express a sense of being kept away from bodies by their female colleagues. The most quoted example being gynaecology, maternity care and female catheterisation (a procedure whereby a tube is introduced to the female bladder via the urethra). This is a theme that will be returned to in the next chapter in relation to how it is to be a male in the nursing profession. In terms of their own sense of their bodies as men in nursing however it would appear that there is a sense of awkwardness and discomfort for the men and an understanding that they do not quite fit to the female patients' sense of what a nurse is:

Eoin: When I went to (maternity ward), I hated it, I don't think, just me personally, because there aren't many male midwives around and I found the women just didn't basically want males around them at the time, that is what I found. And my colleagues, they felt the same, especially when they are getting examined post having a baby and all

Iarliath: I think you can do as much as you want but I think it is my own boundaries, no one ever said... And because I am thinking of the person as well, the patient, I am not so worried about me, I am just there to help them and stuff like that but

if it puts the patient into an awkward position or embarrassing, it is bad enough in hospital anyway showing their bits off and stuff where some fellow comes in, you know, it is just embarrassing.

Little was mentioned by way of frustration with patients in their being uncomfortable with intimate care from them as male nurses, a few men did however pick up on the idea that a different standard was applied to them and male doctors:

Liam: They (the doctors) were traditionally all men as well. I think that is just a historic thing just like the majority of nurses were always female or they are always seen as like the doctors hand maiden in some ways you know……. But you know I can't see too many guys going on and wanting to do a gynaecology course now as nurses. But yea I think it's just patients and public generally acceptant of doctors and consultants being male. I don't think they really question it that much.

This points to the complexities of contemporary perceptions of both the medical and nursing professions, the male doctor, epitomising dominant masculinity, is granted access to bodies by virtue of eminence and expertise whereas the male nurse, by virtue of his incongruous role, is not. Ultimately there is recognition that by virtue of being male a different standard and expectation is applied to them in terms of the physical acts of nursing than that applied to their female nurses colleagues and this is a reality that the men in this study accept but still find difficult. This difficulty is captured well by Sean:

TO'C: So sometimes there is a different standard set for men nurses than women?

Sean: I think so. Maybe through behaviour, nursing is a touching profession and touch is passive, the way you do things, and maybe males touching females isn't always... because you are doing it all the time but it is not being done to the patient all the time. Maybe sometimes the patient misinterprets.

In terms the use of their own bodies to carry out nursing work all of the men cited being used as the muscle or the brawn. Physically lifting and transporting patients was a task that the men felt they were called on to do by virtue of their perceived physical strength. In many cases this did not sit easily with the participants as they felt that they were being put at undue risk of back injury by being asked and expected to do more of the physical lifting and thereby putting their bodies on the line:

Cathal: The only problem you have is that they expect you to be a hoist, that is the major problem, they expect you to be a hoist. In general nursing you probably got it a little bit harder, you were expected to carry the burden, especially with any lifting or anything like that.

John: You are up on the ward and the worst thing is you are there for the muscle, lifting and for anything else. So if there is ever something heavy or if somebody has to be helped out of bed or somebody is hoisted and needs to be rolled and turned then they call for the man. Because there is only myself who is the only male nurse on the ward and its heavy heavy work and probably one of the reasons why I am thinking "I can't stay in it forever like". The body just can't take the stress of it.

7 of the participants also spoke of being expected to provide physical presence to deal with aggressive and violent patients. Similarly, reservations were expressed as to why they had to put their own physical safety on the line:

Oisin: The reason probably there is more men in A&E is because there is that perception that A&E is a more hostile environment for females to be working in with drugs and things and that's probably why there is ten or eleven male nurses in A&E because there is more of a need and why I got the job so quick in A&E was it was an advantage. "Oh he is a fella, better to be in here".

Michael: ..you kind of went into work wondering whether you would still have your teeth when you were leaving it you know…. when I was thinking of going nursing I wasn't , this wasn't what I wanted.

Niall: (I)f they had an aggressive patient. Say especially in A & E and it wouldn't really matter on the fact that whether you were a big guy or anything it was just it was like you know you just did it and that was it.

These are issues which are reflected in other studies of men in nursing (Brooks *et al* 1996, Milligan 2001, Whittock & Leonard 2003, La Rocco 2007, Simpson 2009, Keogh & O'Lynn 2007, Curtis *et al* 2009) and remain an area of difference and demarcation for men in the profession. It also demonstrates how the sense of traditional gender roles remain firmly enshrined in aspects of contemporary life, where men are the instrumental and women the expressive. From a poststructural perspective this could also be interpreted as the inscription of gendered identities onto and by bodies. Butler (1990) contends that gender is a malleable discourse visible on the body and enshrined by bodies. The marking

of male nurse bodies as masculine is clearly visible here as is the effect their masculine bodies have on their environment.

While reservations were expressed about putting their bodies on the line in these areas a couple of the participants also touched on the fact that they found it good to be useful in this way and there is a hint of a certain sense of pride in being considered in this way:

Michael: Given that you are male they kind of assume that you kind of get dragged into all this lifting and stuff you know so. When you feel that you are someway useful you kind of, they kind of cut you a bit of slack I suppose

Gerry: But they (the females) find it hard to, if an aggressive patient comes in or one of the lads that come in that are drunk, they find it rather difficult to deal with them because they might be cursing at them or telling them that they don't want them to look after them. Whereas I'd go in, I suppose being male, so they react better when I say, 'ok no more of that type of thing.' They find that very hard,

There is however little sense of a macho male nurse image based on their physical presences as men and it would seem that physicality is not used to connect to a hegemonic ideal. If anything the fact of occupying a male body as a nurse is seen as being problematic in the men's ability to practice as nurses. Furthermore, the problematisation of the male body in nursing extends further than the personal level to how men, their bodies and interactions with other bodies are considered in terms of nursing as a profession.

5.5 Summary

This chapter outlines the findings in relation to choosing to be a nurse and living as a man and a nurse. On the whole the men interviewed are happy as nurses, if they were not the would probably have left nursing particularly in Celtic Tiger era Ireland where jobs abounded and career choice was more fluid. Tensions and contradictions bubble below the surface and choosing to become a nurse was not straightforward for most of the participants. The difficulty in choice is often covered by the portrayal of drifting into the career by chance. Continuing to work as a nurse has involves a self-reflexive process of coming to terms with stereotypes about them as men due to their chosen career. This chapter argues that the men position themselves in various ways in order to accommodate being men and nurses. Clear resonance with hegemonic positioning is evident while at the same time more fluid and contingent elements of gender identity emerge particularly in relation to issues of the body .The next chapter will examine the professional lives of these men as nurses in more detail.

Chapter 6: Findings, professional identity and nursing

6.1 Introduction

How individuals identify with professional and occupational roles is a multifaceted and complex process (Dent & Whitehead 2002, Simpson 2004, 2009). For men in particular however, the sense of oneself through the meaning of 'what I do' for a living and 'what I am' professionally, is central to gender identity (Morgan 1992, Collinson & Hearn 2001, Whitehead 2002, Connell 2005, Mac An Ghaill & Haywood 2007). This chapter examines how the men in this study relate to their chosen profession and what it means for their gender identification.

In the nursing literature while the nature of nursing professionalism is keenly debated (Davies 1995), identification with the profession and socialisation to the profession are seen as being central to being and becoming a nurse (Fagermoen 1997, Ohlen & Segesten 1998, Cook *et al* 2003, MacIntosh 2003). The debate around what nursing professionalism is often revolves around on the one hand the need to promote nursing as a 'true' profession while on the other stressing the altruistic, caring and nurturance elements required to be a nurse (Du Toit 1995, Davies 1995). These debates may present difficulties for individual nurses, particularly neophytes, in identifying with the profession.

The gendering of professions, the numerical gender balance and imbalance of certain occupations and the sexual division of labour more generally is also a powerful determinant of the gender experiences of individuals at work. As has been discussed in Chapter 2 nursing is very much gendered as feminine. Simpson (2004) points out that

while extensive attention in research has been given to the status of minority or token women in male dominated professions (Kanter 1977) less time has been given to exploring the minority or token status of men in the same position. The ideas of minority status and tokenistic advantage or disadvantage are also therefore at issue for the participants in this study. Within this context questions emerge as to how much tokenism or difference is created by the profession, patients and others and projected onto the men, but also how much distance and otherness the men wish to try to create for themselves from their profession and perceptions thereof. This chapter considers the experiences and thoughts of the participants in relation to their work and argues that the process of negotiating a gendered existence within the nursing profession is fraught with both difficulties and opportunities.

6.2 Issues of acceptance

Entrants to nursing, as in any other professions, spend time acclimatising and gaining acceptance in order to feel part of that occupation or profession. The participants describe the various situations and people they encountered and how they gained that acceptance as nurses or not as was sometime the case.

6.2.1 Experiences of nurse education

Having decided to become nurses the first point of contact with the profession is with the nursing education and training system. This is where nursing is learned and where

socialisation and identification with the profession are to the fore given the newness of the field to all students both male and female. Nursing education in Ireland is divided between time spent in university, much as any student, and time spent on clinical placements in hospitals learning and gaining experience in the real world of nursing. While programmes are designed in such a way as to facilitate these two learning scenarios, it is inevitable that the students tend to experience clinical placements and university life as qualitatively different. Participants in this study were more positive about their time in university than the time spent on clinical placement. Participants point to a different level of acceptance as a male student nurse and more than half had negative experiences with their clinical placements as a student.

In relation to being in university, typically at least a semester long on commencement of a nursing programme, initial reservations about being in a minority in a large female dominated group were fairly easily dealt with:

John: Absolutely I mean I didn't know anyone that was in the class. I didn't know any of the other fellas in the class and me personally coming from an all boys school, second level, it was horrendous and I had never spoken with a girl never mind sat in a class with others… So it was daunting alright.

The overwhelming sense however was that being in university was a positive experience where they had little problems in gaining acceptance from lecturers or other students:

Fionn: As far as I could see {Name of university} was very fair and very honest about where it stood with people. In fact I would say that I quite enjoyed the

treatment I got in {Name of university}, I thought it was very fair and very nice actually, you were treated with respect and there was no looking down at you or treating you differently.

Indeed 4 participants pointed to advantages of being the minority status student in the class but most disagreed with a commonly held view that they got an easier ride from educators than their female counterparts:

Oisin: Well I think you were probably more of a novelty like " oh that's a fella" but in class I don't think it made any difference….. …Probably people remembered your name a bit easier like that was it .

Two participants did experience being singled out in a negative way but this would not appear to be a commonly held view:

Hugh: I think yes because you were spotted a lot quicker or if you were doing a presentation or anything, they needed volunteers for presentation they would spot you straight away, ok Hugh will do it, that sort of a way.

Thus the college aspect of nursing education, despite being in groups with mostly women, does not present many difficulties for men in terms of their acceptance and comfort and there appears to be little that challenges masculinities. This is not surprising given that universities generally are not gender imbalanced as nursing is and masculine student roles

are very readily identifiable. These finding are however at odds with finding from studies, in the US and Australia in particular, which indicate that theoretical instruction in nursing does not take account of male students (Poole & Isaacs 1997, Stott 2004, Smith 2006, Ellis *et al* 2006). Both of these countries have a longer tradition of schools of nursing in universities (in Ireland it is a relatively recent phenomenon) and perhaps have carved out a more authentic nursing space closer to practice.

The practice experience, for male students, seems to be a less comfortable. It is arguable that clinical placements by their very nature throw students of either gender into uncomfortable situations. Yet the participants noted particular incidents whereby they felt like they received different treatment due to the fact of being men and a sense that they were being more closely watched:

Hugh: Other students would know it and other staff nurses from other wards would say, 'oh you are going there, you have to be very careful of them, they don't really like male students there.' And you would kind of know that before you'd go there and you would have heard from other students, other males in my year would have failed on that ward, it's a pure male thing.

Niall: I do sometimes feel that they I don't know what it is with the male nurses that they do kind of keep an eye on some of the people. But once they realise that "oh you know what you are doing" then it's grand. But with men who have newly started and different things like that even with students you know they are like "we will keep an eye on them and that kind of thing whereas with girls it's different. They don't really say that.

In 3 instances the men felt that they were being actively discouraged from continuing with their training and being ridiculed by qualified nurses for choosing to start training at all:

John: They were saying "what are doing this job for, are you mad "? And it's probably not a good thing to hear when you are a first year student. You just made a huge life choice. A career choice and they are telling you "what are you doing this for"? " you are mad, it's not a job that you would do for the rest of your life".

Niall: I didn't really find that much of a difference but there was the kind of odd nurse who, I don't know whether they just took a disliking to males being in their profession. There were certainly older nurses who would be at the time, I don't know they seem to be more involved, would get involved more with the girls than the lads. I don't know why that was you know. Some people might think maybe it was because they (men) were coming into their territory.

Here there is evidence of the perceived threat and mistrust of the men's masculine presence and maintenance of a gender order in the profession. It exposes how limits can be set on self-reflexive processes and opportunities. The complexities of these processes are underlined by the perceptions of advantage at times as a male student nurse. Many of these experiences centre on individual preceptors (mentors), senior nurses or managers:

Kieran: I suppose it depended on the individual nurses on each ward. I suppose some nurses, I did feel at times that some of the staff maybe, not were softer on me but maybe, you know maybe might have been a wee bit softer sometimes because I was kind of a only fella and stuff. But then equally there were times

that I felt that I had something more to prove because I was the only fella and maybe there was a perception that I got things a bit easier

For most of the participants the experience of placements was about trying to get on with their work and not draw attention to themselves and through time most talked of becoming more comfortable and accepted:

Liam: I think after a few months people kind of recognise you around the hospital and kind of recognise you as being one of the students.. Once I had worked on the wards you kind of realise that I wasn't afraid of the work. I had done it before. I was fairly, I liked to think I was fairly good with the patients, could relate to them pretty well. I wasn't afraid of the work I suppose

Thus the masculine presence or being marked out as a man receded somewhat as the men themselves became more nurse like and got comfortable with nursing work.

All participants (with one exception) experienced one particular aspect of being a student negatively. As part of nursing training in Ireland, students complete a serious of placements in specialist practice areas ranging from community nursing, mental health and maternity care. The placement in maternity care was mentioned (in many instances without prompt) as being extremely difficult as a male student. The men described feeling of not being made welcome, not being allowed to participate in the care of mothers and babies and in one case being sent to sit in a cupboard to complete an essay rather than participate in practice:

David: (I was) pushed to the side and ignored. We were sort of left, they were more interested in the girls to try and get them to do midwifery and they got to see a lot more than we did and got brought around to more births and that whereas we were sort of, they are only boys leave them there, they won't be doing this. So there was that sort of a perception about it all right yes.

Niall: I actually found sometimes that the males, they didn't really take that much interest in, when it came to midwifery. I don't know whether they thought that they wouldn't go into it or that it was you know like outside a woman's thing that only women who went into midwifery but even I found one time when I was on a delivery ward that I was put into a sitting room with a TV and told to sit there and they will call me when they need me and I wasn't called for hours. So I just sat there.

Sean: I got to obstetrics and the second day I was there a lady needed changing and I wasn't allowed to. The next day I was put in a store cupboard and told to write an essay on mastitis, after two previous days, so 35 minutes later I have wrote the essay, I went to the sister in charge and said, 'will you mark this now?' 'What is that?' 'My essay on mastitis.' 'Oh no I haven't got time for that.' So I left the ward, I didn't do any further placement in obstetrics.

While none of the men reported instances whereby women patients in maternity did not want them present, they themselves felt awkward and sensed that patients might not want them there as males. Actions by other nurses and midwives were then the main way in which the men were excluded from maternity care:

Eoin: When I went to {maternity hospital name}, I hated it, I don't think, just me personally, because there aren't many male midwives around and I found the women just didn't basically want males around them at the time, that is what I found. And my colleagues, they felt the same

Rory: But as a male you were just completely ostracised on the maternity placements more so and paediatrics as well. Men aren't meant to be all lovey dovey and nice with kids. You know, whereas the women, they have the maternal instinct and you do feel you are very much, certain placements you were very much ostracised because you had a penis.

The fact that many obstetricians and gynaecologists are male was not lost on the participants in relation to both possible reactions from female patients and the way in which they felt treated by the nurses and midwives on maternity wards:

Rory: You know if there was a delivery or something interesting on you would see it the whole time. The women would be brought off because they were females and I can understand it as well with birth and you don't really want a bloke being there but you feel like slapping the midwife and going "but the consultant is a male, the obstetrician, registrar is a male and she SHO is a male but because you are a nurse you are already hen pecked and you are moved to one side.

In Rory's comments above there is an interesting example of hegemonic positioning ('because you are a nurse you are already hen pecked') indicating that a pecking order exists between male doctors and male nurses. Is this case the hegemony is upheld by the

female midwives. These feelings of exclusion and isolation, particularly on maternity/obstetrics, are a common theme in studies of male student nurses on both sides of the Atlantic (Smith 2006, Ellis *et al* 2006, Keogh & O'Lynn 2007).

On the wider issue of gender and work these findings have resonance with Kanter's (1977) theory about token groups in professions subsequently applied specifically to male nurses by Heikes (1991). Token minorities in professions suffer from visibility, polarisation, and boundary heightening by the dominant group and must make compensations to assimilate (Kanter 1977). All of these impact negatively on their professional lives and career prospects. Heikes (1991) transferring this theory to male nurses argues that token status works more to men's advantage than women in similar positions. Elements of visibility (i.e. being singled out on clinical placements) and polarisation and boundary heightening (i.e. being kept away from certain areas of practice) are evident in this study and do not appear to offer much advantage. Token theory, as put forward by Kanter (1977) and expanded by Heikes (1991), presumes an essentialist view of the position of male nurses. This does not allow for the various experiences of both college, clinical practice and the vagaries of neither advantage or disadvantage at times. A more fluid interpretation allowing for both self-reflexive creations of masculinities while influenced by the undoubted power of structural determinants seems to capture more aptly the experience of these men.

6.2.2 Acceptance by patients

The primary work of nurses is at the bedside of patients and much of nurse interactions are with patients. The need for trusting, caring relationships between nurses and their patients

is central to much thinking and teaching in nursing, with nurses being seen as those in healthcare who have the most frequent contact and most enduring relationships with patients (Morse 1991, Davies 1995, O'Connor & Kelly 2005). Nurses are often being portrayed as the honest brokers and the ally of the patient in often chaotic health systems. For male nurses the literature points to a difficulty in acceptance from patients and the public more generally (Villeneuve 1994, Meadus 2000, Milligan 2001, Evans & Blye 2003, Whittock & Leonard 2003, McMillian *et al* 2006).

The participants in this study related a range of views as to how accepting patients were of them, particularly as male nurses. Gaining acceptance in many case involved first having to convince patients that they actually were nurses at all. Patients, particularly of the older generation, often assumed that they were doctors, care assistants or other professionals rather than nurses. Even when the men explained to patients that they were nurses patients sometimes seemed to be unconvinced:

Hugh: The patients would have thought that you were a care assistant or they would have thought that you were a medical student and you would have said to them, 'no I am a 1st year student nurse,' but they still wouldn't get it, they'd be like, 'yes doctor.' They wouldn't kind of grasp it. And even now that I am qualified they still think that I am a student nurse or they think that I am a medical student but even though you'd reaffirm it, they would still be like, 'oh maybe you should check with the nurse!' 'But I am your nurse, I have been looking after you for the last eight hours!'

Not being recognised as a nurse was variously irritating (as above), puzzling, understandable and in some cases seen as advantageous. Participants spoke of the

advantage of being perceived as a doctor in terms of authority in that patients might listen to them more if they thought they were a doctor. Indeed an example was given of how this position was used to help calm a confused elderly person:

John: Over the weekend I was asked to perform the role of a doctor for a confused patient who was trying to climb out of bed and he said “ok so this is the doctor here now and he wants you to stay in bed". So I go and I say “now you have to stay in the bed now don't be trying to walk because your hip is not strong enough yet ". “Ok doctor, no bother", and that was it, and that was way it happened.”

Again there is evidence of the hegemonic order of men in healthcare and the perceptions of where power and authority lie. Interestingly also in this case the physicality of the male body is not used to enforce the rules rather the representation of knowledgeable medical authority by virtue it coming from “the man” who is the doctor.

Being perceived as gay or effeminate by patients was also an issue for a few of the participants, although it did not figure greatly in the participant’s perception of their ability to carry out their professional roles with patients. The men were aware that patients, particularly heterosexual men, were suspicious that they might be gay. The participants also described strategies they used to counteract these perceptions:

David: You get the assumption more off straight people than you do off gay people. If you are looking after a gay person they sort of, they are more open to men doing different jobs and that whereas straight men sort of look at you and go,

'Jesus...' And then you say, 'I was out with the girlfriend..' If you are yapping away to them, say about holidays and say, 'oh the girlfriend was talking about going there.' And they do this double take, you have got a girlfriend?

Michael: But I remember male patients in orthopaedic wards give male nurses a difficult time. I don't know like it's, you get these young lads in kind of orthopaedic wards who are bored so they kind of get kicks on slagging off the nurse or whatever with you know questioning the nurses sexuality just out of boredom you know.

Here there are clear signs of marginalisation and subordination in a hegemonic masculinities order for male nurses and the strategies employed to let male patients know that they are not gay demonstrate the awareness of this fact. This could be interpreted as a homophobic reaction by male nurses but it would seem to be more about gaining acceptance and trust in allowing them to carry out their roles.

These perceptions were however sometimes linked to a darker perception of the men being sexual aggressors or deviant and while the above shows how the men deal with the perception of being gay in a light hearted way, the perceptions of being sexual aggressive or deviant are obviously more troublesome:

Liam: It is something that I would have to be aware of myself as well that I am not left in a position where you can be left open to being accused of any kind of interference with a patient. Particularly of my own age or younger. It is just something that I would be aware of myself and on the occasions where I have felt that it could be an issue I have always looked for a chaperon or somebody, another member of staff to, as an accompaniment or to accompany me with a patient.

These are findings that are common to other studies in the area (Williams 1992, Evans 2002, Evans & Blye 2003, Harding 2007) and represent an interesting contrast to the perception of subordination and marginalisation experienced by perceptions of being gay. Perceptions of sexual aggression, be that homosexual or heterosexual, portrays male nurses as dominant, aggressive and hegemonic. This is strongly related to the relative power positions of nurses and patients more generally.

Other issues were however more important in how accepted the men felt by their patients and how they felt able to fulfil their professional roles. The gender of the patient can have an effect on how accepted the participants felt. Generally more discomfort was felt with nursing women than nursing men. This presents sometimes uneasy and complex situations for men in carrying out their nursing role and there is a sense of them always having to be aware of the effect their own gender may have on patients:

Fionn: Yes you will get some people like that don't want the man and you get some that won't have anyone but a man, and they are probably worse. But yes there is people (sic), especially women who have been abused or something like that, they can be quite adamant that they don't want the man. Or you can get the sense that there is something wrong. You often don't pick it up immediately, but there is this aggression towards you and you maybe find out they have been abused or something like that, so that can be an issue but you just have to accept that .... It can be kind of uncomfortable at times because you feel maybe you might have done something wrong or said something that was inappropriate or something

There were however cases where male patients were uncomfortable with having a male nurse and the men also posed the idea that both men and women would be more comfortable as both nurses and patients if nursed by someone of the same sex:

Eoin: No I think it is easier, the way I looked at it is I found it easier if I was looking after a male patient for a while, get used to the, just to get more comfortable doing things and I think it is the same for female students to work with a female patient. And when I was on the ward with them I was trying to get them, I would say, 'I will look after the male and you look after the female.' Just to get them used to it and all.

The patient's age (again particularly women) was also a factor with the participants indicating that they thought that younger women felt more uncomfortable with them as male nurses and older women were more accepting. This was however affected by the acuity of the situation. A & E nurse participants for example pointed to the fact that in acute situations age or gender do not enter the situation. Care in acute situations is delivered and it was felt with no level of discomfort for the patient, regardless of the gender of the nurse. Even then though care is approached cautiously and consent to proceed is sought:

Gerry: Yes only with females, it depends on their age bracket in a sense and depending if you are not too busy, but if you are busy I would just go ahead. I will still ask them, but touch wood I have never had any problems. The odd person might

> say they'd prefer a female, but that is fair enough, I don't think anything by it, it doesn't affect me in any way.

Lastly the nature of the nursing intervention was a factor in the participants feeling of acceptance of them as male nurses. Care which involved exposure and contact with intimate parts of the female body was they considered less likely to be accepted by patients from male nurses. This recognition leads the men to, at the least, seek permission to proceed with the task from the patient to at most avoiding such tasks altogether by asking a female colleague to step in.

Thus it could be summarised (if somewhat simplistically) that the participants felt that young women, who were not acutely ill, but who required nursing care which involved exposure or contact with intimate body areas, were most likely to be uncomfortable with them being a male nurse. Alternatively it could be posited that these are the cohort of patients that the participants are most uncomfortable with nursing or that the combination of both of these levels of discomfort is self-fulfilling. The tension for male nurse in nursing women is pointed to by a small number of studies (Lodge *et al* 1997, Morin *et al* 1999, Chur–Hansen 2002) and is representative of gendered perceptions in society more generally. While contemporary society may have opened up multiple possibilities for individuals in being what they want to be, societal norms and structures still constrain. Thus the mutual discomfort experienced by male nurses and young female patients could be attributed to a traditional perception of gender roles.

6.2.3 Acceptance within the nursing profession

The minority status of men in the nursing profession requires men to gain a level of acceptance within the profession. Being perceived in a certain way by their colleagues due to being male was something that the men identified with both in positive and negative terms.

6 of the participants spoke of other nurses and mangers 'keeping an eye' on them because they thought that they may not carry out the task required or that they were to be less trusted as professionals due to the fact that they were men:

Cathal: I think there is a perception that men don't work as hard as women in nursing, there is a perception amongst the nurses that they do more than the men.

Niall: I think some of them when they start off that they have this notion that guys can be a bit lazy and that they are not good with organisational skills, multitasking and all this kind of thing which I think once you work with them they can see that that is not the case. But where I work I am the only male nurse there and the rest are all female. Now my manager, she is kind of a bit old school in a way but I find that sometimes you get the impression that they are kind of looking over what you are doing or that they are keeping an eye on you.

In contrast however 3 men related the idea that they were welcomed on the ward as men and that their female colleagues were glad to have them around:

Oisin: (T)he female nurses are always delighted to see a male nurse because they feel that it kind of, it takes away the tensions or something that, I have often been told that "ah it's great to have a male nurse instead of a female nurse on a ward".

In common with the nursing literature in this area the participants also experienced expectations and stereotyping from female nurses that they were good at or useful for certain areas of practice and not some good or useful for other areas (Heikes 1991, Milligan 2001, Evans 2002, Grady *et al* 2008). The areas where they were expected to excel in were mainly physical (lifting, dealing with aggressive patients as outlined in chapter 5) and the areas where they were expected to struggle related to emotional care of patients:

Niall: (T)he whole emotional side of things that guys you know if someone gets upset or if someone is you know that they might think "ah they can't do it then, they don't understand" or you know or if it is a female upset about whatever diagnosis or anything that they go "oh I'll go talk to them you know you can stay outside, I'll talk to them you wouldn't be able to deal with it"

Thus certain perceptions and stereotypes are recognised by the men and they all can identify some facet of their professional role that is labelled by the fact of being men.

Some of the perceptions the men find universally bothersome, for example in relation to being expected to be the hoist or the “muscle” on the ward. However in other areas contradiction and disagreement emerges. This was particularly evident in relation to their

perception of their own ability to deal with nursing care situations which were emotionally charged. A number of the men mentioned some reservation about their ability to deal with emotional situations and some were of the opinion that this was due to the fact that they are men and that their female colleagues were better in this area than they were. There is a sense that there are certain aspects of nursing that are best left to women and that men experience difficulties with emotions and close empathetic contact with patients:

Paddy: I think the women have a more softly softly approach. I have feeling for them (patients) alright but I sometimes just get tongue tied. Don't know what to say to them. I haven't a clue what way to deal with it you know that kind of a way. Whereas I see some of the women and they would be there like. I don't know if it comes naturally to them or something. They have more sympathy or empathy or something. I don't know what it is.

Rory: The women will hug and I have seen it a lot in A&E like when I have looked after somebody dying. You would be nice to the family and they don't know what to do with you. They will go to shake your hand and then they will kind of go "do I hug"? And you get this little impasse and you just kind of go "ill just shake their hand and fuck off".

Here there is a difficulty in both their own expectation of themselves as men and nurses and also the expectation of others of them as men and nurses (as with the bereaved family in the excerpt above). It is difficult however to discern whether the men admire their female colleagues for these qualities or if there almost a sense of pride in being a ‘real’ man who doesn’t get bogged down in emotional issues. In a hegemonic order the latter is

plausible in attempts to distance themselves from the weak and in an effort to marginalise. In another way the limits of self-invention as an emotional man may be the constraining issue.

Other examples however contradict this view and portray how the men are adept in dealing with emotions and recognise the importance of emotionality to their work. In this regard there is recognition of the damaging consequences for their male patients in particular in having difficulty with emotional expression:

Fionn: You would feel you understand people, you would feel for them, you have your sympathy for them and you know, you are trying to get them healthy; you are trying to get them to take decisions in their life that will bring about wellness. How you get around their emotional emotions and stuff, really you want them to recognise them and deal with them, you know what I mean, and to get over them, to help them to find a way to deal with them. And if it is fear to be able to face it and to catch and to counteract it, if it is sorrow and stuff then to just look at it and deal with it in whatever way they can.

Niall: But I mean you do get men who are still kind of stuck in their ways and " no I am grand" and you know and you know even if they have had a really serious diagnosis " no I don't need you to call anyone, I'm grand, I'm fine, you know then it's only later on that when it kind of hits them then you know then they get either angry or emotional or whatever way it is. But I think you find sometimes it's actually better for male patients to be open more emotionally because then you can deal with the patient better…. but I don't know whether men think it's a weakness if they do show that they are, emotionally that they are upset or angry

about something. Whether it's still that, as you said the hard man thing where you know "I can take on everything and I'll be grand" and you know "I don't need to talk about this, I will just keep this kind of buried".

Thus the men demonstrate attributes here which are incongruent with a traditional masculine role and points to a fluid and contingent masculinity which in this case is emotionally aware and astute.

The men also denied that they avoided, or had a problem with, the physical bodily work of nursing. Nursing work on and with bodies, often considered women's work and 'dirty work' (Twigg 2004), is often given as the reason that men move away from direct nursing care into management, education and other areas. 6 of the participants spoke directly of how they see the bodily care as very much part to what they do and not inconsistent with them being men. The men see it as part of their role and:

Sean: There is no way I would want to go out and sit in an office and not provide patient care. So maybe that is me, maybe I am different to other nurses.

Fionn: But overall it's cleaning patients, washing patients, watching for sores and bruises and things like that, it is just your job. I wouldn't call it male or female, do you know what I mean, I found it quite ok and I wouldn't see it as a gender element.

There is little evidence of an aversion to physical nursing work but it is set within a professional context as being part of the job and which perhaps creates distance from a wish or choice to do this sort of work per se. Distance is sought on another level however and relates to the aforementioned consciousness of their male touch and bodily presence. This can also be tied to the men's emotional engagement in their work:

Paddy: Like sometimes I put my hand just on the shoulder or something like that like you know. "Can I get you anything" or something like that but you know sometimes you don't know like do they want you to? .. you have to keep that distance as well. "What are you doing"? … They might think. I have never had it happen me but I am always wary in my own head like that I don't do things like that.

There is a tension therefore around the embodied ability of the men, they cannot escape embodied work but portray it as professional and perhaps not part of their gendered existence ('I wouldn't call it male or female'). Yet the awareness of the body and bodies is there, hinting at the bodily inscription of gender described by Butler (1990).

Other commonly held perceptions and stereotypes of male nurses from within the profession were mentioned by the men such as the perception of them being suited to particular areas of nursing, only interested in technical nursing work and technology, and being careerist and fast tracked to management and other advanced roles:

Iarliath: I started in dialysis actually, the CNM2 was saying to me that fellas seem to like it here in dialysis because it is a bit more technical. I am not a technical person but I quite like dialysis because it is quite methodical, I kind of like that and I am methodical in my thinking and stuff.

Oisin: In A&E actually the reason probably there is more men in A&E is because there is that perception that A&E is a more hostile environment for females to be working in with drugs and things and that's probably why there is ten or eleven male nurses in A&E because there is more of a need and why I got the job so quick in A&E, it was an advantage. "Oh he is a fella, better to be in here".

John: There is definitely that perception there but I don't really see it in the hospital where I am working now. The director is a female. The assistant director, there are seven assistant directors, all female. There are very few male clinical nurse mangers on the wards. There are only three or four in the hospital, and as for men on the wards, maybe ten or twelve others like there is definitely not a big crowd of them, male nurses. So I don't see how we are all getting into management easier or that

Female colleagues, in some instances, are resentful of the different treatment that they perceive the men get as nurses yet they themselves are the people who reinforce these stereotypes. This is particularly relevant in relation to men's perceived advantage and penchant for management with some of the participants strongly disagreeing with the idea that men are advantaged in this area or are natural managers:

Hugh: I hate having to coordinate, but what I find is there is this double standard kind of, the male/female thing. There are a few male nurses working on the ward and they automatically assume, they will say to you, 'ok you are coordinating Saturday and Sunday.' And you say, 'but hold on, I am a lot more junior.' They will be like, 'no, you have to do it.' And yet maybe someone who would be years more experienced than me would be able to say, 'no I am not happy to do it,' and it would be accepted. But as a male nurse, the three of us, if they ask us to coordinate, we can't refuse.

John: It's not a case of you are going to be handed a job in management just because you are a man, no way. You have to do it the hard way. The same as everyone. You have to work your way there. So I don't think there is any more opportunities for me. I am going looking for my own opportunities and to develop myself professionally like I don't wait for anyone to come and tell me that "you are gonna go here and you are gonna get this nice handy management job" .

Again despite the voicing of a dislike of the stereotypes particularly in relation to ideas of men getting an easier ride into a management post, a number of the participants admit that this can be the case and that sometimes men end up in management not because they are good at it but because they are men. Some of the men also fulfil the stereotype with 3 stating that they were keen to move into management:

Hugh: Our former Clinical Nurse Manager (CNM) had come from another hospital, he had specialised in care of the elderly and he became CNM on our ward and it

was general medical. And probably the reason why he got that job was because he was male and he definitely was one of the worst managers I have worked with.

Liam: No that's another perception that I have heard as well and it's thrown at you by the by. But I would definitely like to progress towards management alright. I think it is something that I could do and I would be able to do it. I mean current circumstances in the next few years it is hard to say what it will bring. There is going to be very few openings if any and it may mean moving abroad to expand my own role and expand my own, just for my own career pathway.

Career planning and thought for the future were themes that all of the participants touched on thus reinforcing the perception of male nurses being careerist as well. This is strongly influenced by the fact that 10 of the participants came to nursing as a second career or as mature students, entailing significant career planning in the first place. Being perceived as careerist is also not a stereotype that the men object to, in fact in many cases, they see career planning as being proper and responsible:

Kieran: It would be nice to be able to direct your own career path you know and I think now the times that are in it now at the moment and the fact that you know a lot of us sort of qualified in recent years are still temporary and stuff that we are not really going to have that same say in what we want to do or where we want to go because we are literally, you know I love where I am now but if someone from another area rang me tomorrow and said " I have a permanent post in a completely different area " I would take it for security reasons.

While it is difficult to say whether or not a similar sample of female nurses would be any less career focused, particularly given the economic circumstances in Ireland at present, 6 of the participants feel their female colleagues are not as career minded and exhibit a certain level of frustration that they are not more willing to push themselves forward. For some it is indeed a major point of departure between male and female nurses and is related often to child birth and rearing:

Iarlaith : I think they (women) are looking at wanting to be mothers and stuff so maybe men have to be a bit more strategic because women, if they want to get pregnant, they get their six months off and a lot of them want to do the job sharing and whatever. I don't know, it might suit their lifestyle so yes, but maybe men, they don't stay in nursing, they might be a bit more strategic about it because if they know they are going to stay in it they want the handiest number, a role where they can go in each morning and not go, oh God I have got to get out of bed now.

Kieran: Yea maybe it (career planning) is more of a male trait. I don't think that is a bad thing though helping nursing to be recognised as a profession and having people that you know are sort of articulate about what they want to do and the choices that they make. I think that's a good healthy thing. Maybe it is more of a male trait.

Niall: I feel that sometimes that when girls qualify, depending on where they want to go, some of them are happy just to stay as a staff nurse and don't want to take on the responsibility of going up the ladder as a manager or a specialist or whatever and whether that's, it could be their own choice. They don't have the

> ambition to do that or they don't have the drive or they don't have the time whatever it is.

Thus men, it would seem, see opportunity within the nursing profession and, as can be seen from the above, are articulate and forthright in their views about career planning and progression. The comments above also indicate a very traditional view of male breadwinning roles and patriarchal views about women, work and reproduction. The apparent different approach to nursing careers by men and women is also to be found in the nursing literature and is discussed in detail by Davies (1995). Davies posits that the bureaucracy and system which oversees healthcare is not suitable for a predominately female workforce and not suitable indeed for the giving of proper nursing care. Within this system she offers the view that male nurses are better placed to progress and do progress more easily. Davies (1995) further disputes the view that female nurses are uninterested in career progression but rather argues that the career progression structures which suit both women and nursing care are not in place. These arguments would go some way to explaining the perceptions of the men in this study with regard to their female colleagues and perhaps vice versa. It does however presume that there is a predetermined way in which men and women will act as nurses and does not take account of the fact of the large number of female nurses who have strategically managed careers in nursing.

In certain elements of these finding it is tempting to draw a connection to the idea that the men are aspiring to traditional male roles in the work place, albeit in a heavily female environment. The breadwinner mentality or instinct, a concept so strongly linked with men at work (Whitehead 2002, Mac An Ghaill & Haywood 2007), could be traced to the career ambitions exhibited in the findings. Thus while being engaged a profession that is

untypical for men and exhibiting abilities to do things that other men perhaps would not, there is a tendency to revert to the 'heroic male project' (Whitehead 2002 p. 120) with regard to their careers. Similarly the subscription to the view that female nurses are better at the emotional aspects of nursing can be easily linked to the ideas, theorised in depth by Seidler (1994), that in modernity men are expected to be rational and unemotional. Contradictions emerge among participants however as to the validity of these arguments as being representative of the 'male nurse'. Some of the men reject that idea that they are any less emotionally capable then they female colleagues and or that they are in nursing just for the opportunities of advancement.

In many ways there appears to be a complexity in how the men act out, or not, the role that is expected of them as male nurses by the mainly female nursing profession. Whether the men accept or reject the perceptions of them they are all acutely aware of them and it could be argued are acutely aware of their own gender and how it impacts on their professional lives. The perception of a gendered self is not universal among men as evidenced by emergence of theoretical work in the area of masculinities (Seidler 1994, Connell 2005, Mac An Ghaill & Haywood 2007). The idea that they are stereotyped or labelled in a certain way (even if they find some truth in the stereotype) also appears to be at least irksome or at most downright annoying. There is opportunity for reflexive invention of a masculine identity for these men but they are also constrained by the stereotypes and narratives that apply to men as nurses. It is also clear however that whether perceptions that are held are accepted, rejected and acted upon or not, the men do see themselves as different. These differences will be explored in the next section and in themselves reveal contradictions.

6.3 Another kind of nurse?

A common feeling among men in this study, in between the perceptions and actualities of advantages and disadvantages, abilities and inabilities, is a core feeling of being different. This is contradictory in its presentation in the interviews however, as the participants dispute at times their difference status, and then are keen to point it out at other times. This difference emanates from how they practice and what they do as male nurses, but also what they do not or are not allowed to do.

6.3.1 Creating distance

As has been mentioned above, the men are keen to dispel the idea that others may have that male nurses are different, inferior or superior. Yet in their own thoughts on how male nurses work they allude to significant difference. The men spoke of themselves and male nurses more generally, as different in how they 'get on' with the work, prioritise work and how they approach nursing work in a more logical way. Following from this they characterised female nurse work as often illogical, disorganised and having strange priorities:

Cathal: I think there is a perception that men don't work as hard as women in nursing, there is a perception amongst the nurses that they do more than the men. And this thing about them tidying, I mean they spend half their day fucking cleaning

tables and stuff. And they think if your room is not tidy that you haven't done your work. I mean I don't get that, there is a lot of tidying going on with some females, they are not all like that actually but there is an element of them who associate their work with the cleanliness of their ward which is really interesting actually.

Iarliath: You can see them over there, the women just fannying around, they are just going in to do a job and men seem to get on with it. You can see over there in radiology as you go in, you see all the women sort of flustering around and not actually getting things done.

John: I suppose we are a bit more direct about things. You know just go straight in, maybe not as much messing around like you know you go on, get, like in orthopaedics you give them a hand with the washing, get them up and do their blood pressure or whatever, move to the next person. Get them up and get started on them, get stuck into them you know that kind of a way? Whereas with some of the girls you get more like say disorganised from that point of view.

It is interesting how the men in the excerpt go to lengths to distance themselves from their female colleagues, in quite derisory terms (‘fucking cleaning tables’ ‘fannying around’ ‘flustering’), portraying a marginalisation and subordination of women to their superior abilities as men.

A number of the men also stressed the instrumental nature of the work they do and while not in any way commenting on their female colleagues they are clearly identifying with a male way of working:

Fionn: A lot of it would be dispensing medication, putting up IV lines and doing medication. A lot of nursing is documenting and following the regiment, you know, to make sure the person is on the correct medicines and stuff like that, and monitoring blood pressure and pulses just to make sure that they are well and that they are recovering.

Gerry: Yes me being hands on I suppose other than that, let's get in, get it done and don't think about it, the job has to be done and that is my way.

The other notable difference alluded to in this regard is the idea that men are much calmer in the work environment and less likely to create interpersonal 'fuss' and bitchiness which they saw as being common in their female counterparts:

Paddy: I see a lot on the ward, maybe this is the wrong thing to say but women sort of dig in their heels and there can be right bitch fights going on. Whereas I think fellas will just go "Oh" and just walk away from the situation and say "right end of story".

Rory: The women will just bitch and then when they start bitching it gets their backs up and then it just snowballs and you don't need the, you just want to be able to do your job and go home. But you don't see that. They just want to spend all day whingeing and bitching and moaning and hanging each other.

These types of comments again stress the difference perceived between men and women nurses and fit in with a masculine or misogynist portrayal of the hysterical woman and demonstrates a clear affinity with a masculine hegemonic position.

Yet this is not just about being disparaging about their female colleagues or an attempt to make nursing masculine. The men recognise and commented on what they saw as their strengths and what they brought to nursing which is different and complimentary to the traditional nursing role:

John: I suppose I have experienced both sides of the spectrum really and both are an unhealthy balance to have. You are full of testosterone in an all-male school in a male environment and in a female environment then it's the bitchiness and the, just the, it's hard to explain it, it just doesn't have the same atmosphere as when there is a few men. I think we just bring to work a moderate kind of a healthy atmosphere towards the day.

Some of the men spoke of the merits of working with other men, something that does not happen regularly given the scarcity of men in the profession. They feel that it an easier working environment and enjoy the male social contact:

Kieran: Well I suppose just thinking about my own work like. When I am on with my colleague the male care assistant, I suppose we just generally have this routine where we look after the male patients that day and I don't know what's different about it really you know. It's just, it's nice you know. I suppose it's, in such a female kind of dominated place it's nice, it's refreshing and a change to be on with a male and to have male company I suppose really you know.

Hugh: It is a lot calmer I have to say, it is a lot calmer working with other male nurses

I find. And they are more... because they are more senior to me they know exactly what needs to be done and they are more direct, when they are in charge they are more direct than maybe some of the female nurses would be. They are very organised, they would come to you and say, 'it is now time to go to your break, what do you need me to do on your team?' And they would sort things out.

6 of the men also alluded to the idea of male nurses having a particularly keen understanding of the needs of male patients, an area that they feel is overlooked by traditional nursing:

Fionn: Men prefer men I think, you get a lot of men who want a man and don't want the woman. I don't know, maybe you don't have the same way of approaching people as a man, coming from a different perspective. And I suppose it is the fact that you are a man I suppose, I am not sure, it can be an advantage definitely when you are nursing men and women vary.

Kieran: It's funny because I think that the women are almost given, female patients are almost given that choice but male patients aren't. Like me as a male nurse, I would always check with a female patient if they were ok with me coming in or whatever but female nurses, I don't think I have ever seen a female nurse checking with a man "would you rather if it was a male member of staff ?" You know they just go on in.

Thus it becomes clear that the men think that there are significant differences between men and women nurses and indeed in many cases they seek to expose and embrace these

differences. This process may be one of distancing themselves from the feminine in order to reinforce the masculine or the adoption of an 'other' status. It is more complex than that however. It is not possible, or indeed, as demonstrated above, desirable for the men to distance themselves from all that is feminine. Emotional engagement and body work for example can be avoided but also readily embraced. This processes of distancing or othering is also not all of the men's own making.

6.3.2 Being distanced

While it is obvious from the above that the men distance and separate themselves from their female colleagues in how they approach work, it does not follow that they choose to do different work. The twenty-four seven nature of nursing work requires continuity and reliance on nurses being able to replicate the work of others. Commonly nurses working in a ward would therefore operate with similar skill-sets and abilities. However it becomes apparent from the interviews that the men were actively prohibited from taking part in certain nursing roles. These roles relate mainly to the care of female patients where contact with, and exposure of the genitailia was involved. This is a theme that has already been touched on in the previous chapter in relation to student placements on maternity units. This is best illustrated by the participants' stories of the skill of female catheterisation. This skill involves the passing of a catheter via the urethra into the bladder for the purposes of reliving urinary retention. It involves manual contact with the labia and surrounding areas. It is a skill that is taught to all student nurses in the second or third year of their undergraduate programme and is a generic skill (like measuring blood pressure or taking a blood glucose) that every nurse would be expected to be able to do.

Despite this 6 of the participants had never learned the skill, 7 more had done it once or twice during their training while the remaining three did carry it out but infrequently. The men generally admitted to not being keen to push themselves forward to do this skill as they felt that it was embarrassing for them and their patients but in most cases the issues did not arise as they were not allowed to engage in this area of practice:

Niall: I found sometimes yea they wouldn't be too quick to ask the males to go and do it (female catheterisation) or to go and watch them do it even. I would have done it as a student but I probably would have, thinking about it now would have liked to have gotten more chance to do it because you always need to be you know practising something.

Kieran: There was one time when I was a student nurse and I remember it was on a medical ward that there was someone, a woman that needed to be catheterised and I put myself forward you know to the staff nurse I was on with or whatever and says you know " I have never actually done this, maybe I could do it and you could come in with me " you know but no they went on ahead you know one of the female nurses done it you know.

TO'C: Right. So they just didn't want you doing it.

Kieran: Sort of like an unwritten rule of if a female nurse will do that you know. I suppose not that any of the male nurses would be complaining as such but if you were caught in an emergency, you know and it could happen

Therefore while the men may seek to create certain distance in some areas they are held at a distance in others. This distance is created by a combination of perceived discomfort for

female patients but also by the prohibition from within the profession and quasi-polices which dictate that men should not do such skills.

Similarly, the participants found that they were kept away from certain specialties as qualified nurses. While, as has been alluded to in the previous chapter, all the participants would have spent some (often very uncomfortable time) on maternity wards, none of the men currently work in maternity or gynaecology units and most feel that this is an area that is not open to them as male nurses. Indeed, in some cases, hospitals have 'policies' or traditions of preventing men from working in these areas:

John: Men don't go there no, not here anyway. That's just totally off limits for all men. There is nobody in my group went there at all. Not even since then. I have been speaking to them since, it is still off limits.

The distance created in this regard is not one that is very bothersome and the men would appear to be largely accepting and are glad in some ways that they don't have to work in these areas. It could be argued that the lack of welcome creates this attitude. These finding however do point to a prohibition or separation of men from certain areas of the profession.

Finally, some of the men also perceived a distancing which encouraged them to work in particular areas of the profession. As has been outlined above, the men are adept themselves in thinking about career progression. However they often found that they were been steered towards management in particular by their female colleagues:

John: I suppose some of the older nurses on the ward might say to me at times " you know John you should go on and do, become a CNM ". "We know that there is

> a management post coming up here, jeez you should do that ". And maybe that is their perception, is that you shouldn't be on a ward you should be a manager because you are a man. I suppose it's subconsciously what they are thinking.

This is in keeping with what Williams (1992) termed the 'glass escalator' phenomenon whereby men, in the minority in nursing, are elevated to management in contrast to female minorities elsewhere who experience the glass ceiling. It is, in many cases, the women who promote the elevation of men. This has been attributed to women reinforcing traditional gender roles or alternatively an effort to keep men away from the bedside as it is considered to be the domain of women. Whatever the reasons and despite the fact that this often advantages men in the profession it can still be considered as an indication of the separation of men to other status in the profession.

6.4 Summary

This chapter details the sense the participants have of themselves as professionals in nursing. From their initial contact with the profession on entry to education and training the men are aware of issues of acceptance and otherness. With some careful management the men found that they were generally accepted by patients although certain tasks and patient groupings remain difficult. The men actively sought to distance themselves from their female colleagues and the feminine connotations of the profession at times, while at other times embracing roles associated with women. Distance is also created by their female colleagues who at times segregate the men and prohibited them from participation

in certain areas of practice. What emerges is complex picture of traditional masculine presentation at times, hegemonic in nature, while at other times the picture is far less traditional and indicative of a more fluid and unfixed masculine identity, created to adjust to the circumstance and place. The next chapter will discuss the finding from this chapter and Chapter 5 in light of the nursing and masculinities literature.

Chapter 7: Discussion

7.1 Introduction

This chapter will concentrate on drawing together the various themes from the previous two chapters and theorise them in terms of masculinities and gender studies more generally. Arising from the findings it is possible to trace and parse some of the ways in which men in the nursing profession find a place and accommodate being a nurse with a masculine identity. It is argued in the first instance that the nursing profession in Ireland remains strongly coded as feminine thus presenting difficulties for the creation of male nurse identities. The masculinities of male nurses upset this order and the femininity of nursing is faced with accommodating masculine identities which in themselves are subject to power relationships, theorised here as hegemonic masculinities. It is argued finally that a materialist analysis of the positioning of men in a hegemonic masculinities order does not fully capture the ways in which men mediate being nurses. Drawing on poststructural theories of performativity it is argued that the men's presentations of masculinities are more fluid and contingent particularly in relation to embodiment and emotionality.

7.2 Disrupting nursing, disrupting masculinities

It becomes evident from the data in this study that strong perceptions, narratives and norms remain attached to the nursing profession. Many of these representations also remain tightly bound with ideas of femininity and associated with women. For all of the participants in this study choosing to become a nurse and practising as a nurse entails a

certain resistance to the language and imagery of their chosen profession. It is a necessity for the men to continually set out their place within the meaning of nursing. The language and imagery of nursing being about women is pervasive and historically entrenched both in the public mind and within the profession:

John: Some of them will ask to be called sister even though the correct term is clinical nurse manager but they are still living in the past in certain ways and it's to hold on to the whole matron style ways of working and it has probably all stemmed back to Florence Nightingale's day it was, it is all female dominated.

The men must therefore constantly set out their resistance or differentiation to the female, the feminine and female domination and to being effeminate or sissy. Associated with this is the language and imagery of the male nurses being gay. Popular portrayals and cultural stereotypes of the gay male nurse rationalise the unmasculinity and compatibility to the feminine, effeminate nursing norm. For the men this (even if they are gay) is resisted and incompatible with their own meaning of themselves as nurses.

David: It is the assumption rather than you actually being gay, it is the way that people just presume that because you are a nurse you are gay and I don't like that association that you are automatically bracketed down as being gay.

The findings show the difficulty in choosing nursing as a career be that the reaction of the ‘shite kicking’ (David) school mates or the feeling of needing to recruit family support in

the decision. The choice of nursing as a career can be viewed as illegitimate, contrary to the rules. Information gained about careers in nursing was gleaned from sources other than the school career guidance structure and kept close to the chest for fear of ridicule or accusations of illegitimate choice; nursing is for 'ponces' (David) , 'What are you do nursing for ?' (Iarliath). Socially, family friends and acquaintances routinely 'scratched their heads' (Michael) about their career choice resulting in the men being often slow to disclose their occupations to recent acquaintances. Male nurses fall outside the societal norms of what nurses are:

Michael: I remember a patient saying, I am not sure where he was from, but I remember he said that this was a cause of great calamity locally when they found out that fella was going off nursing.

These phenomena, which expose the different set of rules which apply to male nurses, are well documented in the literature pertaining to men in nursing and indeed are common to men in other female dominated occupations internationally (Cross & Bagihole 2002, Simpson 2009) pointing to the globalised nature of contemporary societies.

The caring narrative and the idea of innate nursing abilities or the 'calling' do not sit well with the men in this study:

Oisin: Like I used to joke that Martin [character portraying a male nurse] out of Coronation Street was my hero! [laugh]. It's difficult though because from a young age you learn that the caring thing is kind of for women.

Paddy: Oh you would often hear some of my aunts and uncles "oh you must have a vocation"? .. but in saying that like it's a job. I think it's a good job

When in the profession the men also find difficulty with the social structures of a majority female profession. The ‘tearoom cackle’ (Cathal) and the general feeling of being outside of the social discourse at work and the need to escape every now and then for ‘manly pints’ (Oisin) and conversation are indicative of a discomfort with the social structure of the profession.

These findings are recognisable in other studies which have addressed the experience of male nurses (Villeneuve 1994, Poole & Isaacs 1997, Evans 1997, Milligan 2001, Evans & Blye 2003, Jinks & Bradley 2004, Stott 2004, Wand 2004, Harding 2007, La Rocco 2007, Lindsay 2008) and other female dominated professions (Simpson 2009, 2011). While conceptualised in different ways; socialisation (e.g. Milligan 2001, Stott 2004) or stereotyping (e.g. Harding 2007, La Rocco 2007), much of this research points to the difficulty for men in embracing the structural signification of nursing. A number of studies, particularly of US origin, have looked at why men are slow to enter nurse education and why there is high attrition rate among male nursing students. A common finding here also relates to the difficulty for men in identifying with the structural signifiers of nursing (Smith 2006, Ellis *et al* 2006, Keogh & O'Lynn 2007, Grady *et al* 2008). Meanings of nursing expressed along traditional lines are not their meanings and do not capture in language how they talk about and construct themselves in their chosen professional role.

Less well articulated however in the literature is how males nurses construct their own language and meaning. In this study the resistance to the traditional narratives of nursing is

less a violent revolution or a protest, it is more an acceptance of facts as they are and the subtle creation of a different form of nursing imagery.

This is characterised in a number of ways and is notable in how the men talk about themselves as nurses. While obviously men cannot create a completely different construct and meaning of what it is they do, the creation of an alternative narrative is evident by the shifting emphasis on aspects of their nursing role. Gone are the signifiers relating to caring, nurture, vocationalism and service, replaced by meanings and metaphors of professionalism, technicality and work commitment:

Gerry: I'm a professional person

Fionn: Modern nursing is far more technical and far more of an industry and far more producing of a product and giving value for money in the sense of where you get people to the stage of independence where they can live their lives to the full

Kieran: Yea almost like a religious calling almost…..Yea I don't know, I don't know if I buy all that you know. Certainly like when I would have been training in the second year of my training I would have realised what my interests were which would have been oncology and palliative care, cancer care really would have been my big interest right from the second year of the training. So I suppose I would have known that that was my calling but it was a professional calling.

Researchers have cast this tendency of men in nursing to play down the softer aspects of nursing as a flight away from the feminine and an attempt to reinforce a masculine identity or recoup a spoiled masculinity (Milligan 2001, Evans & Blye 2003, Nilsson & Larsson 2005, Lindsay 2008, Dyck et al 2009). However men in this study while exhibiting

elements of this phenomenon were keen to stress their affinity to an image of nursing that does not exclude caring or a desire to work with people. Undoubtedly there is a struggle with the feminine and historic imagery of nursing for all of the men, illustrated in everything from the difficulties encountered in choosing nursing as a career to practicing within the female dominated environment. At times this results in angry reactions from the men and an attempt to reinforce a masculine identity:

Cathal: It's the perception of the bloke that is doing it is gay or not fucking right in the head, a bit touched, a bit softy, softy, touchy, feely. Because I am a bloke and I am the type of bloke that fucking likes getting stuck into the football or whatever, there is nothing that way about me at all.

Yet the men generally do not rile against the image and do not seek to portray an image of an exclusively technical or managerial image of nursing or to disavow the historic imagery and context of the profession. They recognise the need for nursing to be about an image that does encompass caring and of empathetic, responsive professionals:

Fionn: Yes well it is not a macho profession by any means but I suppose you would have to redefine nursing in its whole essence. As it is it wouldn't be the most attractive male profession, it is not like football or engineering or doctor or whatever.

Kieran: I know a bit about the history in nursing and you know obviously that is the history and I respect that but I think I would very much consider myself a caring professional. Maybe nurses didn't in the past. I don't know, maybe they did. I know that I would and my colleagues would.

It becomes evident therefore that men are involved in a personal reflexive project which creates an accommodation for them as men and nurses. The commonality of this theme in this study and the resonance with findings from other studies points to a reflexive creation of imagery of men as a collective in nursing. The creation of a male nurse narrative provides an example of subjects reinterpreting and shaping the structure of the nursing profession to fit in with and accommodate them as men within this structure.

There is however a more concrete aspect to the relationship of men to the nursing profession. While men and women nurses do the same jobs and are governed by the same laws of employment and professional regulations it becomes clear that different rules and conventions apply to men in the profession. Thus for the men in this study it is clear that the norms of practice and rules governing their behaviour as nurses can differ from those applying to their female colleagues.

They gain certain advantages which allows them at times to practice and operate to a different set of rules. The men recall stories where they were treated advantageously by management or during their nurse education. They are all aware of the perception (while not often agreeing with it) that they will advance more easily in their careers, that they are legitimised in terms of going for promotion. They see their practice as different, more organised and value their ability as men to know the structures of the bureaucratic organisation that are hospitals and most importantly how to operate them:

John: I suppose we are a bit more direct about things. You know just go straight in, maybe not as much messing around like you know like in orthopaedics you give them a hand with the washing, get them up and do their blood pressure or whatever, move to the next person. Get them up and get started on them, get

stuck into them you know that kind of a way? Whereas with some of the girls you get more like say disorganised from that point of view.

The tendency for men in nursing to have different career trajectories and to have advantages proffered on them has been theorised as a version of Kanter's (1977) token theory (Heikes 1991). Other have attributed this to ideas about the nursing profession wanting to distance men from bedside work (Williams 1992, Evans 2002, Curtis *et al* 2009) or simply as masculine ambition (Abrahamsen 2004, Ellis *et al* 2006).

While there are structures that are facilitative, there are also norms that prohibit and constrain the men's nursing practice. Maternity care, gynaecology, female catheterisation and any practice which involves intimate procedures with women are prohibited practice in most cases and the norms and rules prevent the men from carrying out such practices. These structures are created and perpetuated by societal norms and female patients but in this study these tend to be reinforced most often by female nurses and the nursing profession. All of the men in this study recalled instances of exclusion or constraint in terms of certain areas of practice and of 'no go' areas for men in nursing. There were instances where men self-excluded themselves from certain areas as they were aware of the potential discomfort for patients or embarrassment to themselves. Often however they were actively excluded by norms or quasi polices in this regard:

David: It doesn't actually bother me doing it {female catherisation}, it is women sort of resist having it done by males and feel embarrassed about it. But at one stage we were told we shouldn't do it in [hospital name] in case we ever get accused

> of anything so there has been a few times we have been told to just avoid doing that. They said you are putting yourself in an awkward position and to make sure if you do do it to have an escort with you.

The norms and behaviours of the men are influenced by structures which arise out of the cultural and regulatory context of the nursing profession. As can be seen from the examples above these may operate to the advantage of men or not but in terms of trying to understand the lives of men in the profession the main point is that they are different. Men in nursing operate to a different set of rules, values and norms and are created and create as a distinct subset of the profession. Thus masculinities in nursing are shaped undoubtedly by the nature of the profession but also the masculinities are shaping and forming a part of the profession. This process has resonance with what Giddens terms the disembedded nature of society (Giddens 1991) where the structural determinants in society are in competition with an unhinging of traditionality with a resultant process of individual and institutional reflexivity. The creation of men as distinct offers them certain advantages in the profession but also presents difficulties not least of which is the negotiation of gender power relations and a masculine identity.

7.3 Hegemonic male nurses?

There would seem to be good and bad parts to being a male in the nursing profession, advantage and disadvantages, opportunities and risks. This is the case with any job or profession yet the distinctness in this case, as demonstrated by the interviews, is that many

of these positive and negatives relate to the fact that the participants are male. This in itself is in stark contrast to many analyses of men and masculinities where gender is not even recognised or men as gendered subjects are ignored. While the participants may not name it as such, they have all thought about their place in the gender order and are acutely aware of positioning and power relationships. What emerges is an uneven picture of perceptions of male nurses' power. Much literature in the area affords male nurses a position of domination within the profession. They are perceived as advantaged in gaining the top jobs in the professions and privileged in their position (William 1992, Abrahamsen 2004, Evans & Blye 2003). Yet the picture painted here and in other studies portrays men as suffering at the butt of jokes, discrimination and being perceived as oddities in society. Thus on the one hand dominant and powerful and on the other powerless and weak.

Connell (2005) argues that over time and place hegemonic masculinities have been configured to ensure the continuing assertion of male power over women and weaker men and to maintain a system of patriarchy. Hegemonic masculinities rather than being a fixed notion of male dominance are the most 'currently accepted' (Connell 2005 p 76) way of asserting male dominance, sustained through cultural support and acquiescence of the general populous. Hegemony is sustained through alterations and adaptations of the hegemonic ideal in response to challenge and changing circumstance. It is always however characterised by subordination and marginalisation of women, weaker, non-hegemonic men and also by these groupings complicity in sustaining the hegemonic order. Hearn (1998) concludes therefore that masculinities 'exist in relations of power, that may be characterised as hegemonic or subordinated in relation to one another' (Hearn 1998 p.18)

Are these male nurses then exemplars of hegemonic masculinities? They attain exalted and special status, get an easier time during their training and likely gain advantage over their female colleagues in terms of promotion:

Rory: With the lecturers, the female lecturers used to be a lot more relaxed with the blokes. You could have a bit of a mess and a joke and you would turn up late for a lecture and you kind of go "why are you late"? And you kind of go "look hung-over". "Oh go in and shut up".

Gerry: Yes of course it is, like I suppose I am the team leader, I have got about six females that I am over and they have probably longer qualified than I am and maybe more experience than I have. So if you look at it from that perspective, but then they went for the interview and I had the interview the same as them.

They assert power over their female colleagues, emphasising their rational and technical ability, their superior relationships with the powerful medics and they marginalise gay men in distancing themselves from the gay male nurse stereotype:

Sean: Specifically with the Muslim doctors. If they are on for the night and you suggest something to them, they will accept it. If a Sister on the ward has already suggested it, they will ignore that. I have seen that bias seven or eight times. Mainly my age and I am male.

Iarliath: You can see them over there, the women just fannying around, they are just going in to do a job and men seem to get on with it. You can see over there in

radiology as you go in, you see all the women sort of flustering around and not actually getting things done

Michael: John is gay, he came out he is homosexual and he is where I am now. You know there is that whole kind of like with John's situation like he kind of is you know kind of almost one of the girls you know whereas I would be trying to differentiate myself like I wouldn't be you know into the whole kind of talking crap about Desperate Housewives or whatever you know…Yea well he would be like, like he would be more interested in listening to all the personal baloney you know.

Male nurses could therefore be considered to be in a dominant and exalted position, an opinion which is often referred to in the literature (Williams 1992, Abrahamsen 2004, Evans & Blye 2003). In gender power terms they would appear to be able to mobilise their masculine identity to their advantage and to the detriment of other men and women in some cases. Moreover it could be argued that men in nursing with their strategic awareness, aligned to the masculine bureaucratic regime of healthcare organisations, are positioned to exert a takeover of a bastion of female professionalism (Davies 1995). This is a masculinity that is hegemonic and exists with the encouragement of the oppressed, those female nurses who place men on Williams' (1992) glass escalator. Male nurses may seem distanced from Connell & Woods' (2005) transnational business masculinity concept but in keeping with the possibility of multiple masculinities, i.e. multiple forms of hegemonies with corresponding multiple forms of subordinations, the portrayal above may describe a powerful hegemonic masculinity exercised and operated by male nurses.

The picture is however more complex. As has been demonstrated in the findings male nurses often find themselves in subordinated and what they perceive to be relatively powerless positions both at work and beyond. They can be subject to ridicule and derision for their career choice and labelled as sissy, deviant, perverted or predatorialy homosexual. They face accusations of not being real men and even themselves at time decry the nature of their work and why they chose to do it:

Cathal: I don't like the fact that I work as a nurse…No I can't stand it, I'd rather be anything, I'd rather sweep the roads or I'd rather be a postman

At work they can be marginalised prohibited from certain areas of practice, socially isolated and expected to carry out an inordinate share of the physically demanding and risky elements of nursing practice:

Michael: You would find quite often as a male on duty that you they would be sort of saying ‘you are a big enough guy like you know" so they would be sort of saying like "you get in there now, that's your job" … you kind of felt that you know you went into work wondering whether you would still have you teeth when you were leaving..

This portrayal is one of subordinated or marginalised masculinity in the hegemonic order of masculinities. However in accepting that patriarchal relations and masculinities can be mapped onto the power structure as expressed by Connell (2005) these men would appear

to be occupying differing positions simultaneously. The dichotomies of positives and negatives for male nurses, advantages and disadvantages and position of power and weakness are well documented in the literature on men in nursing (Heikes 1991, Williams 1992, Stott 2004, Milligan 2001, La Rocco 2007). This has largely been presented unproblematically in relation to masculinities. Evans and Blye (2003), in one of the few studies that theorises male nursing work and masculinities, portray a similar picture in how differing subject positions in the hegemonic order seem to be occupied by men in the profession. They postulate that men who enter nursing pay a high price for their affinity with women and the feminine in terms of the spoiling of their own masculinity but despite this they engage in behaviour and practice which bolster and support the hegemonic while subordinating themselves (Evans & Blye 2003). Similar to the men in this study contradictions in thought and action abound. More recently Simpson (2009, 2011) studying nurses and men in other female dominated occupations found similar contradictory presentations by men and notes the role of women nurses in perpetuating this.

Thus the structures of masculinities and gender order would appear to be contested and not firmly founded. Connell (2005) allows for the notion that masculinities and the power order within them are contestable and somewhat fluid. Most men will not be hegemonic. Hegemonic masculinities describes the overall project of maintenance of patriarchy and within that men who are subordinated and marginalised are needed in order for the hegemonic ideal to be sustained (Connell 2005). The question in this case however is whether it is possible to be simultaneously hegemonic and subordinated. It is of course possible that the subordinated men in this case display elements of hegemonic behaviour in an attempt to reclaim their 'spoiled' masculinity (Heikes 1991). The fluidity of the position however represents for Cross & Bagihole (2002) an opportunity to prise open the

patriarchal order and potentially offers a window into how it could be tackled and dismantled.

The concept of hegemonic masculinity offers a framework by which the power relations in this context can be analysed. Critics of the concept and its use (see for example Demetrakis 2001, Whitehead 2002, Beasley 2008) from a number of perspectives point to its essentialising characteristics and for its tendency to be too broad to allow for more nuanced understanding of masculinities. Connell acknowledges many of the criticisms and concedes that the original concept was predicated on a concept of gender order that was too constrained (Connell & Messerschmidt 2005). The men in this study would appear to simultaneously occupy positions of hegemony and subordination. While fluidity of masculinities is an essential aspect of Connell's concept, fluidity allows for different forms of hegemonies and subordinations across time and space and between groupings of men.

At the individual level however it is difficult to reconcile the ability of individual men to coexist as hegemonic and subordinate at the same time. This position is recognised by others who have studied masculinities, particularly from a poststructural perspective (Wetherell & Edley 1999, Whitehead 2002), who contest that the concept does not allow for the circulatory nature of discursive power thus rendering it incapable of capturing the complexities of dominance and hegemonies. This study finds resonance therefore with studies that have used the concept to analyse masculinities in tandem with performative and poststructural analyses (Kerfoot & Whitehead 1998, Campbell & Carroll 2007, Nordberg 2002, Rogers 2005).

Thus while the tensions of power are revealed in the context of men in the nursing profession, there is a need to further explore the contradictions and fluidity exposed to get a broader picture of individual motivations of men to continue in the nursing profession.

While undoubtedly the social structures around nursing and masculinities are pervasive in their effects on the men, their own positioning and motivations need also to be considered. The mediation of their own identities as men and nurses therefore is assessed more closely in the next section.

7.4 The men within.

As outlined above complex and pervasive constructs influence the experience of men in the nursing profession. In considering masculinities and society more generally as uncertain and fluid, poststructural and late modernity theorists place emphasis on the way in which individuals reflexively exist within and are creative of the nature of such constructs and discourse (Giddens 1991, Petersen 1998, Whitehead 2001). Arriving at an accommodation of their place in an uncertain world or achieving, what Giddens (1991) terms ontological security, is a key concern for individuals. For the men in this study therefore the tensions in masculinities outlined above could be rationalised in this way. The reflexive process is however fraught with risk, the road to ontological security necessitating of careful management. Thus it would seem pertinent to further explore the actions and motivations of these men in their quest for ontological security and ultimately in their accommodation of their gendered identities. This will be done with reference to two areas which emerge as key sites of contention and difficulty for men in nursing, embodiment and emotionality. Being rooted and equated with femininity, these areas, central to nursing, reveal much in how these men mediate gender identity within the profession.

7.4.1 Emotional masculinities

In mediating a gendered identity that is compatible with their occupation and acceptable to themselves, emotionality is something that comes to the fore for men who are nurses. This is not to suggest that it does not form a major aspect of gender identification or impinge on the quest for ontological security for women who are nurses. For men however emotionality has particular issues rooted in normative gender expectations.

Seidler (1997), Peterson (1998), Connell (2005), Whitehead (2002) and others have outlined why emotions are stymied, bracketed and suppressed in men's lives. The masculine ideal teaches boys from an early age that to show emotions is weak, foppish and demonstrates that which is the ultimate unmasculine existence; gay or female (Seidler 1997). The masculine being must embrace rationality, reason and logic and disavow the unreasonable, irrational, illogical and uncontrollable world of emotions and feeling. As a result, for men, having to face up to emotions, be that their own or those of others, can be challenging at least and disastrous at worst. The underlying theme, long since identified by feminists, is that men do not deal well with emotions and are emotionally wooden or deficient. Men's emotional detachment, while remaining a powerful discourse in masculinities, is however being challenged on two fronts, the discourse relating to 'new age men' and the contemporary tendency to value emotion as a commodity in the workplace (Hochschild 1983, Whitehead 2008).

Thus emotional identification for men or the sense of a masculine identity and emotion remains a fraught issue. On the one hand the 'sturdy oak' perspective of the rational unemotional man, damaging as it may be to men and others, continues to be normative and a key aspect of masculine subject identification. On the other hand men are now

encouraged to be emotional beings both at home and at work. For men who are nurses there is an even greater emotional imperative. Nursing is emotional on both a personal and professional level and also is one of the key identifications of nursing with femininity. How then can these men negotiate an identity and find ontological security in this context.

The men in this study are subject to the same pressures of masculine expectation as any other men in Ireland. The traditional presentation of the Irishman who is stoic and unemotional (Ferguson 2006) is relevant to them. Their stories, even though they are all unique, and from differing backgrounds, makes it clear that they too were subject to the need to suppress emotions in order to be masculine:

David: There are men out there that are manly. In soccer in particular you don't see it as much anymore, but there still are in rugby you sometimes see it or in hurling and football you would see it as well, the likes of John Hayes now is quiet, strong, no shit about him, I sort of like his attitude and things like that.

Yet the career they have chosen is desirous of emotionality and emotional engagement and draws heavily on their own emotions. Indeed throughout the interviews, emotions and dealing with emotions was very evident yet often not directly addressed. Choosing nursing and pursuing a nursing career, it would seem evident, draws heavily on the participant's emotions. This is shown through the consideration given to the likely family support in deciding to become a nurse and the difficulties in admitting to wanting to be a nurse in an all-boys school. In explaining what drew them to nursing, the men play down any caring or emotional connotations is favour of educational, monetary and status reasons. As nurses

many of the men then portray a denial of emotional ability and play down the emotional side of what they do as nurses:

Rory: You know they all want to go and embrace and hug in death. Whereas the men just kind of, from what I have seen they are just kind of going "look I don't do the hugging thing, I am just going to fuck off"

Female emotionality is set aside and at times decried in terms of work organisation but also recognised as being superior to them and their 'male' emotions in carrying out the nursing role.

These portrayals often however do not stand up to scrutiny as it is evident that these men are in many ways emotionally astute. From the careful and thoughtful engagement with female patients to the recognition of the difficulty male patients have in expressing their emotions, the participants display an obvious ability to read and deal with emotional situations, sometimes despite their protestations:

Liam: I think sometimes there is and that has been happening slowly for the last number of years where I suppose you could look at suicide rates. You can look at a lot of guys with a lot of emotional problems who don't know how they are supposed to react in society. Who can't deal with the way society tells them that they should be.

In fact dealing with men and their emotions is an area that the participants put forward as being something which they do better that their female colleagues. They sense that they are better able to connect with male patients and try to get them to deal with their emotions even though they recognise that men often do not want to deal with them.

Thus a range of paradoxical presentations emerge with regard to emotionality related both to being a man and being a nurse. From dealing with their own emotions in what was for many a difficult career choice to dealing with the emotions of patients and work colleagues, emotionality is a theme that cross cuts all of the interviews. Emotions and emotionality have attracted much attention in sociological terms (Hochschild 1979, 1983, Fineman 2003, Bolton & Boyd 2003, Bolton 2005). Hochschild's (1983) seminal work on emotions points to understanding of emotion and feeling being managed and being a product of societal norms and expectations thereby rejecting the notion that emotions are purely organically and spontaneously produced. Emotions are therefore highly social as individuals play out the desired roles in order to maintain the social order of emotional expectation. Hochschild (1983) points to how capitalism has sought to harness emotions, in the service sector in particular, to increase output, production and profit. The smiling air hostess, the sales assistant who makes you feel special are evidence of the use of emotion in the commercial context or as Hochschild terms it, emotional labour. Hochschild acknowledges however that certain professionals by virtue of their professional autonomy experience less control from employers in their emotional input. It is within this context that a number of authors have theorised the concept of emotional labour in nursing (Bolton 2000, 2001, Henderson 2001, Simpson 2009, Gray & Smith 2009, Gray 2009, 2010).

The centrality of emotionality to nursing is acknowledged by all of the above authors as is the tendency for nurses to offer emotional gifts as described by Hochschild (1983) due to

nurse's ability to do so as relatively autonomous professionals, their altruistic wish to so (Bolton 2000, Henderson 2001) but also the expectation that they will do so. Bolton (2001) points out however that for nurses emotional labour is a tricky game, 'professional feeling rules' (Bolton 2001 p 586), values and expectations of being a nurse require emotional detachment in many cases. This tricky balancing act of emotional engagement and detachment is a strong theme arising from the nursing literature in this area and leads Bolton to conclude that nurses are particularly good at 'changing faces' and embracing and suppressing emotions. The undervaluation and invisibility of nursing emotional work is also emphasised (Henderson 2001, Simpson 2009, Gray 2010) and linked to the association of emotional work with the feminine and thus normative of a largely female work force. This is also, as has already been discussed is one of the key groundings of nursing in ideas of femininity.

It is then unsurprising that the men in this study should represent emotion in a complex and often paradoxical fashion. Emotionality as a nurse is fraught, difficult and has many competing aspects; this is then superimposed on masculine subjects who are not meant to be emotional. The men are marked as *Other* (Hochschild 1983, Heikes 1991, Simpson 2009) because they do caring work and do not supposedly have the same strengths and characteristics as women to carry out this role. They also perpetuate their 'othering' themselves however, de-emphasising their emotional ability and deferring to their female colleagues abilities:

Paddy: I think the women have a more softly softly approach. I have feeling for them alright but I am just. Sometimes just get tongue tied. Don't know what to say to them. I haven't a clue what way to deal with it you know that kind of a way.

Yet, these are not unemotional men. They relate stories of managing their own and others emotions. If we accept that nursing involves emotional work and /or labour as described by Hochschild then the management of emotions must be an essential prerequisite of being a nurse. If nursing emotional work is hidden and invisible then that of male nurses may be even further from view. The closeness of the emotionality required for nursing to traditional feminine notions of emotionality presents a block in being able to identify with the emotional nature of the job. Thus the *Other* and *Othering* in emotional terms is a product of the gender identification and not a denial of the emotionally ability per se. In this context it is interesting to note that the participants consider themselves to have a better 'feel' and hence emotional connection with male patients. This is often in the context ironically of a recognition that their male patients are not dealing well with their emotions:

Niall: You do find when nursing men, but I don't know whether men think it's a weakness if they do show that they are, emotionally that they are upset or angry about something. Whether it's still that, as you said the hard man thing where you know "I can take on everything and I'll be grand" and you know "I don't need to talk about this, I will just keep this kind of buried".

Kieran: I'd feel yea a good bit of the time that men do like a male nurse or a male, I know myself now when I am talking about my own work there is myself and then there is a male care assistant and I know that you know in general like the male patients do enjoy when we are on together and we would tend to you know go around all the men …. men do like the male company and probably are more comfortable with it you know.

Here the men are recognising their own emotional ability and investment in nursing but in a way that marks them out as different from their female colleagues. In one sense this seems like a safe option and a continuation of the escape from femininity. Given the hegemony of the rational, unemotional male image however, taking on a role which seeks to make emotional connections with male patients may be infinitely more risky.

The complexity of emotionality and the struggle with the competing expectations of both nursing and being a man are key findings in this study. The intersection of nursing and masculinity brings emotionality into sharper focus than may be the case in other areas. Feminist theory and theories of masculinities have long identified emotionality as being key in studying men but almost always for its absence, deficiency or on the need for men to (re)embrace emotionality. In the case of male nurses they are, perhaps not always consciously or willingly, dealing with emotionality every day. It would seem impossible to be a nurse and not so do. The unconsciousness, unwillingness or denial of emotionality stems it would seem from the identification with masculinity. The capability of men to be emotional can be seen as a straight disavowal of masculinity, a caving in to feminism or alternatively a sign of great male virtuosity.

This analysis however remains somewhat binary, essentialist and incapable of describing the more complex interaction, as demonstrated in this study, of men emotions with their personal and professional lives. Indeed this would support Petersen's (1998, 2004) thesis that emotionality has been largely overlooked in theorising masculinity both on the personal and political level. Petersen (2004) correctly identifies the importance of emotions to personal and public life and notes the pervasiveness of emotional expectation and the political management of the emotions on the subject. This is evidenced by the harnessing of emotions by fields of study and practice in diverse areas such as psychology, psychiatry

and neurochemistry to explain and instruct how emotions are and should be managed. Much of this work continues to emphasise and perpetuate (some purposely for political reasons) the difference between men and women in relation to emotion. While gender theorists such as Connell (2005), Butler (1993) and Seidler (1997) have addressed emotionality and gender and attempted to make it less inherently gender divisive, the equation with embodiment continues to tend toward a mind-body reductionism (Petersen 2004). The findings of this study demonstrate that the men interviewed are emotionally astute (they have to be to do their jobs), and that they can be emotional like their female colleagues. These findings are also similar to empirical work on male carers (see e.g. Campbell & Carroll 2007, Hanlon 2009). For those calling for men to become more emotional it is to be welcomed that men can be emotionally 'trained'.

The men however play down this aspect of themselves and variously admire or decry the emotionality of their female colleagues; in order it would seem to remain 'men'. In between these contradictions lies exposition of a masculine or other kind of emotionality, based without doubt on the feminine coded emotional characteristics of their profession, but formed through the intersection of their identification with masculinity with this emotional identification. This is not to suggest that this is an essential difference but simply to suggest that the personal experiences and identities formed by male nurses lead to another way of being emotional. This does not then have to be an exclusive position for men only, it is another form of emotionality. This other way of being emotional points to the need to take the gender lens off in studying emotionality. In keeping with Petersen (2004), considerable attention needs to be given to emotions and emotionality but by considering various way of being emotional rather than reverting to the gender bound constructs which have prevailed to date.

Thus as with the positioning of men in the hegemonic framework, emotionality reveals yet more contradictory expositions of the man in nursing. The men are sliding in and out of different positions it would seem, consciously and unconsciously, defying categorisation as men, masculine, women or feminine. This is view echoed by Simpson (2004) in relation to her research with male nurses and men in other female dominated areas. This however presumes a fixed entity of masculinity, a foundational bedding, that is being shaken and disturbed. It would seem that being a male nurse involves drawing on different identity resources at different times.

From a poststructural perspective Butler contends that gender and gender roles are not fixed but evolve in time and space and are discursively formed from culture to culture (Butler 1990). There is no pre-existing entity, identities are constructed by discourse hence they can also be de/reconstructed (Butler 1990, Whitehead 2002). Thus while it is tempting to conclude that the contradictions revealed here represent men escaping the feminine connotations of nursing or becoming uncomfortable that they are shifting away from an essential masculinity, Butler denies any a priori existence of these masculinities. The subject emerges from discourse and language and the interaction with the prevailing structures or discourses. These do not come into existence until the subject is created by them and recreates them giving rise, in this case, to the contradictory and paradoxical presentation. Gendered identities for Butler are therefore not a fixed reality which we subscribe to, but rather a discourse that creates us and we perpetuate and recreate as we interact with it or a process of performativity. The appearance of masculinity then becomes a malleable transient expression of gender or a way of doing gender. This idea of performativity of gender whereby the constant rehearsing and duplication of a ‘gender act’ which can over time be altered or subverted may be useful in elucidating the tensions and contradictions evident in the presentation of men as nurses.

Being a nurse initiates a shifting in position and brings the men into realms of new and previously unintelligible or recognisable discourse field. This is not in Butler's terms a change in the essential nature of them as men or masculine, which would imply an adjustment, an accommodation of the new position. This assumes an essential and pre-existing masculinity for these men or that they were performing their masculinity in a certain way and will now perform it in another way. In Butlerian terms the subject and the discourse cannot be separated and do not exist without each other. Power (power to exist) is drawn from each other in a mutually perpetuating existence of discourse and subject. Thus being a nurse brings these men into discourses of masculinity, gender and identity which they perpetuate/subvert by virtue of their interaction with them and their circumstance and position in time and space. These individual acts of performativity and conceptions of masculinities are pointed to by Whitehead (2002), Peterson (2004) and Mac An Ghaill & Haywood (2007) as a more satisfactory way in being able to capture the complexities of gender in late modernity.

In returning to the original premise of this section, it is clear that for the men in this study the mediation of a masculine gender identity within the heavily feminine coded structures of the nursing profession requires a certain creativity and invention on their part. Contrary to the prevailing norm of masculinities where emotions are sidelined and bracketed out, male nurses must confront and deal with emotions (even if they pretend not too) and as such must find a way of incorporating these with their masculine identities. As an act of Butlerian performativity the uneven and contradictory representations of nursing emotionality and masculinities can be accounted for in more satisfactory terms.

7.4.2 The embodied experience of being a male nurse

The body, as a focus of analysis, has long been recognised by feminists as being key to any contemplation of gendered lives (Butler 2004, Whitehead 2002, Stephens & Lorentzen 2007, Hall *et al* 2007). The male body, despite the power afforded to it by many contemporary and historical portrayals remain somewhat hidden and omitted in theories of masculinities (Connell 2005, Whitehead 2002) and in studies of men in the workplace (Simpson 2009). The findings of this study reveal the complex role of the body in the way in which participants negotiate their gender identity. Their own bodies and the bodies of others are ever-present in their experience as male nurses and the body manifests itself for the participants in a number of ways.

The men's own bodies are singled out as being useful and valuable at some times to being useless and inappropriate at others. Usefulness and appreciation of their male bodies is shown by how they are valued for their ability to lift patients and do heavy physical work and by the way in which their physical male presence is deemed useful for controlling violent or confused patients. While some participants accepted this as normative, expressed ideas that they would be better than their female colleagues in this area of nursing work and derived a certain sense of pride in their bodily power, the majority resented the fact that their bodies were being used in this way. This resentment centres on being portrayed as being only useful for their brawn and hence perhaps being intellectually or emotionally inferior, and also on the fact that they are being placed at risk of physical harm or injury:

Niall: …they tend to sometimes get males to do certain jobs, because you are a man you would be able to do it. That includes things like lifting and different things

like that. As well as say if they had an aggressive patient. Say especially in specialing [one on one nursing for aggressive patients] and all that kind of thing. Yea but it wouldn't really matter on the fact that whether you were a big guy or anything it was just it was like you know you just did it and that was it.

Sometimes their physical presence was seen as inappropriate, particularly in areas such as maternity, gynaecology and female catheterisation and their physical touch, an essential element of nursing work, requires extreme caution. This ranged from being conscious of the need to mediate their male touch gently to being afraid of accusations of inappropriate or deviant behaviour.

Liam: It is something that I would have to be aware of myself as well that I am not left in a position where you can be left open to being accused of any kind of interference with a patient.

The men are also accused on the one hand of escaping the physical work of nursing, of not wanting to do the 'dirty' bodily care work, while at the same time being pushed away from the coalface of nursing into specialisation and management with the encouragement of their female colleagues. Lastly the bodily presentation of being a nurse can also be a difficultly, the sense of not fitting in or indeed being fitted into uniforms and other signs that designate nursing:

Cathal: I mean the uniform is just like the wrong colour. I know it sounds ridiculous but it does make a difference. I mean you are going in there and you are dressed in a thing that you don't want to be dressed in, you feel like you are in fancy dress. And it is hard enough going in there to do a days work. I was nearly 38 or 39 years of age going around dressed as a Smurf! I mean it is not easy. And then you have people calling you Papa Smurf when you are going down onto the wards and stuff and you just have to take it because you know you look like a Smurf! The uniform definitely didn't help.

Pointing again to the globalised nature of contemporary society, all of these issues have been picked up on in various guises in other research relating to men in the nursing profession. The usefulness/abuse of men for lifting and for control of aggressive patients is well documented (Heikes 1991, Williams1992, Whittock & Leonard 2003, La Rocco 2007, Keogh & O'Lynn 2007, Curtis *et al* 2009) as is the prohibition of male nurses from certain practices or areas of practice (Evans 2002, Inoue *et al* 2006, Lodge *et al* 1997, Lindsay 2008).

Less well theorised however is the gendering of the male body in the nursing context. Evans (2004) in one of the few accounts in this regard noted the apparent collision of the socially accepted rational, disembodied, controlled male body (Connell 2005, Seidler 2007) with the feminine caring image of the nurse. Evans argues that the body has been neglected in theorising its effect on work situations and how particularly activities get designated as masculine or feminine. In the nursing context she found, as is the case in this study, that men's bodies could be a hindrance to them in carrying out their roles, in relation to caring particularly of the more intimate type care and that they needed to carefully

manage their bodies. Evans (2004) also found however that men found a certain solace in being asked to fulfil physical roles in an affirmation of masculinity. This is less well supported here. Simpson (2009) in also addressing the area of male nurse embodiment reported similar findings and notes how men mobilised their physicality to advantage at times but that their bodies are also marked as different, odd or incongruous to their role. Lastly, Abrahamsen (2004) notes that the theme of men escaping bodily work in nursing needs to be considered in the wider context of bodies being under- theorised in general and that the escape from bodies may not only be a characteristic of male nurses. In this respect the 'normative' female body of the nurse is not addressed and as participants in this study note, no account is taken of the effect female bodies have on male patients.

Gender identity then for male nurses involves an acute awareness of the body, an attribute not normally attributed to men (Whitehead 2002, Connell 2005, Seidler 2007). This could be seen as being bodily reflexive practice (Connell 2005, Gill *et al* 2005), the knowledgeable subject forming and processing a gender identity in and with the surrounding structure. This would account for the contradictions and tensions of bodily actions, inactions and interactions of these men. This however presumes a high degree of control and ability to interpret and be interpreted in a certain fashion. Given the complexity of gender identity regarding bodies and emotions, affording the locus of control in this way would seem too simplistic.

Butler (1993, 2004) cites the body as the main canvas of gender display, identity and performativity. Butler however stresses the inability of individuals to be in control of the inscription of gender onto the body. Bodies are not in sole ownership of the inhabitants as the cultural scripts and discursive forces do gender onto them. Gender in the form of performativity therefore is a process whereby the expression of gender is managed and

unmanaged, scripted and unscripted, influenced by the inscription performed as an iteration of the inscription. The locus of control does not solely rest with the subject (Butler 1993). The body emerges from the discourse but does not exist independently of it, just as the discourse relies on the body for expression and equally cannot independently exist. For the men in this study then the powerful determinants of their bodily regulation are evident in the way in which their bodies are both lauded and denigrated in their professional arena. Masculinity as an act of bodily performativity is buffeted and shaped by the powerful surrounding discursive structures which can result in a contradictory and uneven presentation of self. The projection of self as male is variously important/unimportant and allowed or disallowed. Whitehead (2002) in applying Butler's works to theories of masculinities posits that the appearance of men's bodies in any context requires an understanding of the 'political presence' which 'serves to delineate the boundaries, possibilities and conditions of the masculine subject' (Whitehead 2002 p 194). This more contested view of masculine embodiment emerges from empirical work in other contexts (Nayak & Kehily 2006, Hall *et al* 2007, Robinson *et al* 2011).

For male nurses the boundaries and possibilities are contradictory and confusing, the negotiation of a masculine identity is fraught with pitfalls. Thus like emotions, issues of the body bring masculinities within the nursing profession into sharp focus. The quest for ontological security around their own bodies and those of others is perhaps beyond their control and open to the ravages of contested discourses of the body. Male nurses are engaged therefore in acts of bodily performativity, representing a very feminine profession on a canvas that is marked as masculine.

7.5 Summary

This chapter draws together the findings of this study and parses them in term of theoretical constructs. The complexities of the placing of masculinities within the structural constitution of nursing is explored. Issues of power are exposed and examined with reference to the concept of hegemonic masculinity and it is argued that while a hegemonic order is identifiable in male nurse masculinities it does not fully capture the contesting positions that male nurses occupy. The tensions and contradictions at the heart of all of these areas are brought into sharp focus in considering emotionality and embodiment and the men's ability to be reflexive in relation to them. Poststructural theories of performativity are explored in an effort to account for the fluidity and contestation which is evident and it is argued this more readily captures the complexity in this area. It is argued therefore that there is a need to consider male nurse masculinities with reference to the structural determinants of gender which exist and are pervasive while at the same time recognising the performative and reflexive creations of masculinities by these men. The final chapter will draw some conclusions from this work and make recommendations for further study in this area.

Chapter 8: Conclusions and recommendations

8.1 Introduction

This study has sought to elucidate the lives of men in the nursing profession in Ireland. This has been done with particular reference to theories of profeminist masculinities. Men and masculinities and nursing, as a representation of femininity, are often considered to be incongruous and diametrically opposed. Yet the finding of this study show that there is room for both, that accommodations can be made for manliness, the masculine and men with the nurturing, caring, soft female environment of nursing. In fact, this study exposes some of the incoherence of either of these portrayals and outlines the uncertainties of contemporary life in this regard. While a hegemonic order of masculinities (Connell 2005) is identifiable in the nursing profession, based on wider sociocultural gender structures, other aspects of male nurse masculinities are more fluid, contingent and malleable and more recognisable in a poststructural understanding (Butler 2004, Whitehead 2001). The certainties around either the nature of nursing or the nature of men are far less fixed than popular media or much of the discourse in nursing literature proposes. In drawing together the main conclusions of this study I will return to the research questions originally posed.

8.2 The individual experiences of being a man in nursing in Ireland

The finding of this study point to a range of issues which arise for the man pursuing a career in the nursing profession. Chapter 5 demonstrates how entry into the profession for

most was circuitous, portrayed as accidental and subject to a lack of encouragement to do so, raised eyebrows and suspicion. On becoming a member of the profession the men are constantly aware of their maleness and got marked as other, and mark themselves as other in creating a distance with the feminine connotations of nursing. While being accepted within the profession men operate under a different set of rules and norms. This can have an advantageous or disadvantageous effect on their practice and careers as nurses. The idea that they are seriously advantaged within the profession however is not one that the participants readily recognise, in contrast to literature to the contrary (Williams 1992, Stott 2004, Curtis *et al* 2009).

Little if any reservations were expressed about the nature of the actual work that they do as nurses, pointing to a general feeling of liking the work but not being altogether comfortable with the designation nurse. This is linked to the tendency to play down the caring, nurturing and altruistic aspects of nursing not because they don't or can't care but simply because it is not acceptable for men to admit to being able to, or want to, care. Thus the individual experiences of men who are nurses in this study are marked by contradictions and tensions mainly relating to their attempts to negotiate a middle ground between doing a job that they like while receiving signals from others and society in general that it is not a suitable occupation for them.

This is a finding that is common to other studies in this area (Heikes 1991, Villeneuve 1994, Evans & Blye 2004, Simpson 2009). This is also at the heart of narratives (principally in the US) about the difficulty in attracting and retaining more men into the profession (O'Lynn 2007, La Rocco 2007). The response to this has mainly been to try to make nursing more macho or masculine and distance it from images of caring, nurturance and altruism and hence make it more attractive to men (see e.g. Burton & Misener's (2007)

description of the macho add campaigns in Oregon). Yet as the men in this study demonstrate, men can and do care without having to appear to be female or feminine. This study recommends therefore that it might be more beneficial to examine the relationship men have with concepts such as caring, altruism and nurturance and to unhinge the stubborn relationship of these to femininity. This is in line with many writers in the profeminist masculinities (Seidler 1994, 2005, Petersen 1998, Whitehead 2002, Connell 2005, Campbell & Carroll 2007, Hanlon 2009) arena who stress the need to reassess men in many such aspects. Within the nursing profession however this entails also giving consideration of the relationship between these concepts and women and femininity and the possibility that these may need to be separated, a process that may not find favour in some quarters within the profession. Further research in this area would help to clarify the position of male nurses but would also benefit the profession more generally in shining fresh light on caring, nurturance and altruism, concepts which are firmly associated with the profession but which are somewhat static in their iteration.

Unhinging nursing from its stereotypical femininity would also facilitate the recruitment of more men into the profession particularly second level school leavers. Chapter 5 details the difficulties for boys in schools choosing nursing. As Mac An Ghaill (1994) outlines schools are powerful in shaping masculinities and in order for nursing to be a legitimate career choice for young men, work needs to be done in relation to changing the narratives around nursing and its suitability for men. Making male nurse role models more visible and increased attention and understanding from career guidance councillors are important in this regard (particularly in all boys schools) and form a further recommendation of this study. There is a role for An Bord Altranais, the NMC and other nursing bodies in this regard but also from those in nursing academia.

8.3 Shaping individual men's personal and professional relationships

As Whitehead (2002) points out, work and what men do is a key way in which men define themselves and see themselves in relation to others. Thus it is not surprising that this study reveals how the participants mediate their personal relationships in relation to their professional role as nurses. The support (or lack of) from families and friends in choosing the career shown in Chapter 5 weighed on the minds of the men. While in most cases close family are supportive, incidents with adult children, cousins and other extended family, where their being a nurse was questioned, were indicative of an undercurrent of discomfort around men being nurses. Being uneasy answering questions about their work, dealing with stereotypes from strangers and friends about being sissy or 'turning gay' also mediates personal relationships and are direct results of their professional affiliation. By and large however the participants indicated that this was something that was there to be coped with but was not something that was a major issue in their personal relationships, particularly as they got older.

Professional relationships are also often mediated through the fact of being a man in the profession, the different one or the other. This resulted variously in advantage and disadvantage as demonstrated in Chapter 6. From getting an easier time from some senior staff and having an easier relationship with doctors to being excluded socially or prohibited from certain areas of practice, the men were set apart from their female colleagues. The participants show how they operate by a different set of rules or norms. Professional relationships and how they go about their work is different.

Chapter 6 illustrates how the men feel they also have different relationships with the patients in their care. Again exclusion can arise but so too can incidents where the men felt

they were better placed than their female colleagues to meet the needs of the patient, particularly male patients.

This treatment of men as other in nursing, be that in a positive or negative way, has been extensively commented on and written about in nursing, ranging from commentary sympathetic to men and calls for male equality (see O'Lynn & Tranberger 2007) to the unsympathetic and suspicion that men are trying to take over or reinforce a patriarchal order (Evans & Blye 2004). For the men in this study neither end of this continuum would seem to be their project. As long as men continue to be problematised from their numerical disadvantage and gendered qualities perspective this will also be likely to continue. The dearth of research around masculinities and nursing requires more work to be done in this field. It is also recommended that research needs to consider the gendered lives of all nurses, both male and female and the patients in their care preferably within the same study. The tendency (reinforced by this study) to study one group from one perspective is likely to perpetuate gender divided explanations of nursing work. For example, little research has been done around the views of others, female nurses and patients in particular, about men in the profession or male patients views on female nurses or vice versa. As such this study recommends that more research needs to be carried out on the gendered lives of all of those involved in nursing and not just the problematised male.

8.4 Hegemonic masculinity as an identity resource for male nurses?

The findings of this study indicate that men in the nursing profession experience contradictory positioning in relation to power and gender order. In certain aspects of their

lives and their positioning within the nursing profession it is plausible to think of them as occupying a hegemonic masculinity role. The marginalisation of female nursing work and the bestowal of occupational privilege within the profession, the placing on the glass escalator (Williams 1992), are easily recognisable as markers of hegemonic masculinity. The evidential basis that men gain advantage in promotion in nursing is however somewhat weak (note the figures for Ireland in Chapter 3) and warrants further investigation. More importantly the men's experiences (Chapter 5) of their own marginalisation and experience of being marked as other, sissy and less than a man because they are nurses are signs of what Connell (2005) would consider to be a marginalised or subordinated masculinity.

While there is a fit with the conceptual framework of hegemonic masculinity, the fit demonstrates a potential for subordination, marginalisation and hegemony with the same individual at the same time. Connell (1994, 2005) and others (Hearn 1987, 2004, Kimmel 2000) major contribution to the debate around masculinities is the ignition of the idea that multiple masculinities are possible and that the hegemonic project is capable of variance and change in order to sustain men's dominance over women and weaker men. The contradictory positions occupied by these men points to a need to reconsider the more essentialising elements of the concept and the difficulties in universally applying it to all men in the uncertainty of contemporary societies. However when applied to the gendered existence of individual men the concept is strong in revealing the tensions of masculinities for men. Moreover it reveals the inherent instability of gender performance on an individual level. The usefulness of hegemonic masculinity in analysing individual gendered lives warrants therefore further investigation.

8.5 Gender performances and subjectivities

For men who are nurses the nature of their work brings them into arenas and ways of being that are considered to be female ways of being, performances or subjectivities. As such this study shines a light on a group of men's gender performance and subjectivities in a non-traditional set of circumstances. Particular areas come into sharp focus, namely male nurse emotionality and sense of embodiment. In Chapters 5 and 6 it is shown how issues of embodiment and emotionality are crucial to any analysis of men and how these concepts need to be loosened from their application only to women. The participants in this study exhibit how men can and do negotiate gender subjectivities around the body and emotions. These areas come into sharp focus by virtue of their professional roles but it is suggested that these men are not in possession of any special abilities in these areas. Rather, dealing with their own and others emotions and being acutely aware of their own and others bodies acts to illuminate their gendered performativity.

Illumination however does not in itself resolve or offer succinct explanations. This study reveals the fluidity and contingency of gender performativity, in relation to the body and emotions particularly, and how little in control individuals may be of their own gender presentations and performances. Considered in this way the necessity to think about male and female dichotomies of gender performativity subside somewhat. That the subjectivities of men in these areas is under- investigated is however an issue and as such more research is required in this area. The experiences of men in female dominated professions such as nursing and of men who become attuned to issues of the body and emotion offer perhaps a useful starting point. In the case of nursing in particular an opportunity exists both on a practice and a research level to further investigate and develop the tentative ideas put forward by the participants around their ability to connect with male patients. Moreover

unhinging the idea that emotion and embodiment are the preserve of women and femininity needs to be actively dispelled and consigned to a past fiction.

8.6 Limitations and conclusion

This study was carried out with a small cohort of men who are general nurses in Ireland. While it was never the intention to provide a representative view of all male nurses in Ireland or elsewhere the study provides key insights into the gendered lives of men in a female dominated profession. Given the paucity of work in this area, particularly in Ireland, further study would be useful in supporting these finding and expanding them with a larger sample and other populations. A limitation of this study is also the fact that it interviewed male nurses only. Useful perspectives on this topic could also be gained from interviews with female colleagues, patients and others. The use of a purposeful sampling method in this study allowed for a targeting of those who were best placed to answer the research questions, this however is also a limitation in that the sample is relatively homogenous and other insights could be gained from male nurses in other areas of practice and across international borders.

A further limitation relates to the methods employed in this study. Interviews while allowing for the collection of rich data also introduces the possibility of researcher bias and stepping over the line of neutrality in trying to generate rapport with participants (Patton 2002, Seidman 2006). For this study, this was a particular concern in that I as the researcher have a certain affinity with the participants in that I am myself a male nurse. While this offers an advantage in perhaps revealing information that may not have been

revealed to a non-nurse or female nurse, it is also a limitation in that the delicate balance of researcher and participant was susceptible to disruption. From an opposing position Davison (2007) posits that men, with reference to traditional and hegemonic views of masculinities, will present a dominant and less frank account of themselves to other men. This is also a potential limitation in this study. Both of these concerns in relation to the interview processes were also at risk of amplification due to my novice status as a researcher.

This study provides a perspective on the lives of men and their gendered selves in the female dominated nursing profession. Many of the stereotypical notions regarding men who do feminine coded work and specifically the stereotypes relating to male nurses are confirmed. In keeping with other studies in the area, male nurses in Ireland perceive the application of similar stereotypes such as being thought of as gay and effeminate of being careerist and given advantage in advancement and generally as being curiosities or outliers as men and nurses. There are indeed advantages for men in some cases in nursing (the advantage of career advancement may be overstated) and there are also disadvantages and difficulties for men becoming and being nurses. The unique contribution of this study however is to illuminate the gendered structures of the nursing profession and to expose how it is men negotiate a masculine identity in these structures. With a particular focus on emotionality and embodiment the contingent, fluid and non-fixed nature of masculinities are exposed and the capabilities and possibilities for men in recognising the fact of being emotional and embodied. The seemingly contradictory presentation of masculinities is perhaps not contradictory but real in its own situational presentation and strikes out at the dichotomous conceptions of men and women and their relationships to their emotions and their bodies.

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Appendix I

Demographical Profile Sheet

Age ☐

Number of Years Qualified ☐

Married ☐

Single ☐

Partner:

Same Sex ☐

Opposite Sex ☐

Appendix II

Interview Guide

Research Question 1: What are the individual experiences of being a man in nursing in Ireland?

- Can you trace for me how you came to be a nurse?
    - Career choice
    - Influences (family/friends etc)
    - What was it like in nursing education as a man
- Where are you currently working?
    - Is nursing what you expected it to be?
    - Are there advantages/disadvantages in being a man in your current environment?
- How do you think you are perceived as a male nurse within your work environment?

Research Question 2: How do these experiences shape individual men's personal and professional relationships?

- How do you feel colleagues/ workmates perceive you as a male nurse
    - Other nurses (male/female)
    - Doctors (male/female)
    - Other professions/occupations grades (male/female)
- How do you find people outside of work perceive you as a male nurse?
    - Family
    - Friends
    - Other men
    - Women

Research Question 3: What gender performances and subjectivities are apparent in individual male nurses?

- Does being a nurse have an influence on how you perceive yourself as a man?
- Investigate home/family situation further
    - Significant others
    - Growing up (father/mother relationships)
    - Kids
    - Sport/hobbies
- What is your attitude towards feminism?
- Where do you think men are positioned in Irish society?

Research Question 4: To what extent is hegemonic masculinity an identity resource for these men?

- Are there men that you aspire to? Could you describe characteristics that you feel are particularly reflective of 'good' men?
- Do you feel being a nurse in anyway threatens you being a man?
- Are there men you think are unmanly?

Appendix III

Data Analysis and Coding

Initial themes

Example of Theme extracted from transcripts

Deciding to be a nurse

<Internals\\Interviews\\Cathal> - § 8 references coded [6.09% Coverage]

Reference 1 - 1.16% Coverage

I actually had no interest in doing nursing and then there was a sign on the wall in work that they would sponsor somebody to do it who had worked as a care assistant for more than five years. And I had been working in James's for 20 years at that stage and I had never gone to college so it seemed like an opportunity of going to college. So I applied with a load of lads, I would say that about 20 of us went and applied and I got it and they didn't and they were interested and I wasn't and I had to make up my mind whether to do it or not. In the end I decided to do it because it was an opportunity to go to college, that was basically it. I wasn't really interested in nursing per se at the time. So I just took it on and I ended up passing the first year and then the second year and then the third year and then I was qualified.

Reference 2 - 0.39% Coverage

Where I knew if I was getting into nursing I was getting into responsibility and no extra money, that was the thing, I knew I wasn't going to get any extra money for it. So I kind of just drifted into it, the opportunity was there to go to college more so than to become a nurse.

Reference 3 - 0.16% Coverage

So it was more about the qualification and going to college than it was about the work itself.

Interviewee: Yes.

Reference 4 - 1.90% Coverage

There were lads who always wanted to be nurses and there always has been amongst the care assistant staff and there was never opportunities for them to do it. In the '80s if you were male you weren't going to get a job as a nurse, you had to go to England. So these fellows came in and they wanted to be nurses and they ended up taking jobs as care assistants which was the second best thing that they could do and they stuck at it for years and they always wanted to go and do nursing but the opportunities weren't there. They either couldn't go abroad or they couldn't get n here and you needed quite a good leaving cert when we would have left school when we would have left school to do nursing in Ireland, you'd want at least three or four honours or your mammy would have wanted to have been the matron somewhere. That was the way the system worked. And I was working in James's quite a few years before the first male nurse arrived and that was a chap called Frank Gillespie and he got in because he put his name down as Frances and he is now down in Pat's, he is a bit shot down in Pat's as far as I know in the

psychiatric end. He went from general to psych. most of the go from psych. to general. But he changed his name to Frances and wrote it in the female version and that is how he got in but he couldn't get in for years, he had been trying for years to get in.

Reference 5 - 0.67% Coverage

A lot of them would have gone to England and did interviews in England and not got in. A lot of them applied to the Isle of Man, funnily enough, and places like that, a lot of them would have gone there and not got in. There were quite a few lads over the years who got into nursing, started in James's and did the two years, most to psych. but most would have wanted to do general but found it easier to get into psych. so they would have gone to psych. and done the general later on.

Reference 6 - 0.74% Coverage

The biggest encouragement I got was actually from the union, from the Siptu union, they were involved in upskilling unskilled staff basically, domestics and attendants and whatever and there was a fund there for them to be educated up into whatever they wanted to do. If you wanted to do physio you could do physio, that type of thing and I had been involved as a site committee in the union for a couple of years and I spoke to the union chap here at the time, Jack [unclear name] and I talked to him and I said I wasn't going to apply.

Reference 7 - 0.78% Coverage

Well most of the nurses I would have worked with over the years, because I would have been known as a bit of a messer when I worked as a care assistant and they knew I had no interest in nursing, they all thought, don't do it, what the fuck are you doing it for, you have no interest in it. But I was going to college. Because I was saying to myself that if I failed it I could go back, you are losing nothing, you just go back. You probably pay whatever sponsorship money, giving it back to them at £2 a week. There was no lose in it for me, there was only gain.

Reference 8 - 0.28% Coverage

No, dad was delighted and my mother was delighted. All my family were delighted and most of the lads who I would have worked with who I would have classed as friends in the job were all delighted as well.

<Internals\\Interviews\\David> - § 5 references coded [3.52% Coverage]

Reference 1 - 0.52% Coverage

it was the first year that nursing had become a degree and I thought I'd give that a shot, it is a degree and if I don't like it I would be able to leave with a degree and that, and that is what attracted me.

Reference 2 - 0.17% Coverage

But I have no idea how I got influenced into doing it or anything.

Reference 3 - 0.60% Coverage

Never any experience, the most I had done was a little bit of St. John's Ambulance and that was it and I had very limited experience with that and my entire experience was just what I had learned in St. John's Ambulance over six months.

Reference 4 - 0.81% Coverage

That attracted me yes, if it had been a diploma or something else I might not have considered it at all whereas a degree course made it attractive, knowing that I was going to get a degree at the end of it as well, a science degree at the end made it an opportunity. I could do other things with it if needs be as well.

Reference 5 - 1.42% Coverage

No, absolutely no one, they sort of said if it is what you want to do. My parents didn't mind what I did so long as I did something, if I went to college, I went to college or if I went out to work, I went out to work. They didn't mind what I did and they sort of said to do what you want, it is up to you, if you don't like it you can leave or you can finish out your four years and then go off and do something else. My parents were quite happy for me to go and do nursing and my grandparents were quite happy as well, there was no real resistance in the family.

<Internals\\Interviews\\Eoin> - § 8 references coded [5.56% Coverage]

Reference 1 - 0.40% Coverage

I just had the interest. I used to be a barber and I just had the interest when I hit 30 basically I said I just wanted to do something else different and nursing always interested me.

Reference 2 - 0.76% Coverage

No I worked in James's as a healthcare assistant to see if I liked the hospital environment, like I said I used to have my own barber shop in Dundrum and then when I sold the shop I went travelling and when I came back then I got a job in James's as a healthcare assistant to see if I liked the environment, and I did, so that is when I said, right.

Reference 3 - 0.37% Coverage

Yes a big change but the way I looked at it, I am still dealing with people so it was that bit easier for me, that I still had the people skills, I wasn't shy and things.

Reference 4 - 0.93% Coverage

when I actually started as a healthcare assistant in James's I actually met my wife then, she is a nurse but I still wanted to do nursing before I met her but then when I met her then I just wanted to do it more because I seen how much she enjoyed it. People think that is the reason why because you met her and then you wanted to be a nurse but it wasn't, I had the idea there and then when I met her she encouraged me more then.

Reference 5 - 0.94% Coverage

I left school at 15 and at that time I hated school so I just wanted to leave school and my mother and father basically said you me, 'you can't leave school without a job.' And my brother in law is a hair dresser, so he basically got me a job in the barber shop so once I told them that John got me a job, ok you can leave. And 15 years later, I don't want to be doing this for the rest of my life. So that is why I feel nursing...

Reference 6 - 0.21% Coverage

And again from family and friends, no, why are you doing it? And I just said I was interested.

Reference 7 - 0.82% Coverage

think so, and I think if you family as well, like I am different, none of my family were... like most of the nurses I worked with over the years, their mothers could have been nurses or their fathers could have been nurses, or their mother could have been a doctor or something like that and they didn't get the points to be a doctor so they decided to do the nursing instead.

Reference 8 - 1.14% Coverage

No but as I said, all the males who qualified with me between psychiatric and between intellectual disabilities and between general, we all had a background of healthcare assistant or voluntary work in hospitals and a lot of them, especially the intellectual disabilities, they worked in Stewart's Hospital before they went into... And the thing I found as well, one or two males, their grandmother or grandfather would have been very sick and they looked after them when they were sick so they liked that end of it as well.

<Internals\\Interviews\\Fionn> - § 3 references coded [3.88% Coverage]

Reference 1 - 1.24% Coverage

I was working in James's as an attendant in the x ray department so in 2000 they had this thing that they upgrade and upskill the attendant staff in hospitals to nursing status. So they gave out scholarships that time and actually Tom [unclear name], we were doing an attendants course with him at the time and he said it was coming up so we all applied basically. And I just got one of the scholarships so that started me in nursing and it had a life of its own, it just took off, couldn't stop it after that.

Reference 2 - 0.91% Coverage

But nursing, I am not sure, it is probably still very female in perception of people. The way you would probably make it attractive to males is to have male people in television programmes and the media presenting men in a male role, nursing as men, the paramedic on the TV, the ambulances and stuff like that. I mean that is a very male presentation there of men nursing.

Reference 3 - 1.72% Coverage

Well it wouldn't be an obstacle, I definitely would have been attracted for that very reason, that it was a caring profession, that it was a place where you could do things for people and make their life better and reach them and help them to get better, definitely. And if you haven't got that you shouldn't be in nursing. If you don't want people to get better, if the only reason you are there is to make money then you are definitely in the wrong profession. So yes I suppose it contributed to it in the sense that I like the idea that you are in a healing profession and a profession that brings health and enhances people's lives and spiritually supports them. I suppose that is part of it all right.

<Internals\\Interviews\\Gerry> - § 4 references coded [5.22% Coverage]

Reference 1 - 1.99% Coverage

Well after I done my leaving cert I got my first job at Newcastle Hospital and I worked there for two years and then after that a position came up, it was nearer home, in St. Colman's Hospital, for what they used to call, male attendants at that time. And I worked there. My mother was there as a carer for 40 years and my aunt had worked there so I suppose it was in the family to work in hospitals. So I was there for the guts of 20 years working as a care attendant. And the assistant matron kept at me to go as a mature student to go and do the nursing. So that is how I got in. So I went for the aptitude test in the RDS, then I went for an interview in a hotel in Tallaght. First of all I got psychiatric nursing first and then I got general and I picked general instead of psychiatric and that is how I got into nursing in the beginning.

Reference 2 - 0.89% Coverage

Yes that is what I wanted to do. Years ago, before I got the job in Newcastle I went for an interview in the Victor Hotel here in Dun Laoghaire as a student nurse in Wakefield in England but I didn't go. I passed the interview and I got the position as a student in Wakefield Hospital in England to train as a nurse, but I didn't go at that time, I went to Newcastle instead.

Reference 3 - 1.02% Coverage

I suppose I was always interested from my mother, being reared in the hospital I suppose I didn't know much else, well not that I didn't know much else, but I had no inkling to go towards mechanical or carpentry or anything like that, just the caring profession. Because there used to be the Wheelchair Association and I was involved in the Order of Malta, I was always into this type of caring or whatever, first aid type of thing.

Reference 4 - 1.32% Coverage

I think it is just something that is in you, from my perspective anyway, I mean from a young age that is all I knew I was going to do. I suppose myself, I got the job in St. Colman's, it was a nice place to work, the same as here and the years go by and then you get married. I didn't push it any further, which I should have done maybe, but I didn't, got married, had kids and sort of got set in my routine. But I think it is in that person to care, everyone cares about... but there is a special little thing I think in some people that I think, but anyway...

<Internals\\Interviews\\Hugh> - § 8 references coded [5.74% Coverage]

Reference 1 - 0.91% Coverage

Well when I was filling out the CAO I wanted to come to UCD, that was kind of the focus for me, to get into UCD and I knew by my points that I would probably get science, arts or nursing and I kind of thought nursing because it is a more stable job, and science you don't know if you will get a job out of it, and arts you probably won't. So I said I would do nursing and that is how I ended up going into it.

Reference 2 - 0.53% Coverage

Well I looked at it and I thought, well your salary goes up every year, you get your degree, you can go on and do something else from your degree if you want and I just thought it was a really good option to go into nursing at the time.

Reference 3 - 0.48% Coverage

My parents would have always said, 'oh you are very caring, you should go into something like nursing,' so I suppose they spotted it, they spotted something in me. They thought that I would be suited to nursing.

Reference 4 - 0.87% Coverage

I have a lot of cousins that would be nurses and they would have done very well, they would have gone into public health and stuff like that so they were kind of saying, 'oh yes it is a good career to get into, it is a good option for you to go into it and if you decide after the four years that you don't want to do it, then just do something else afterwards.' So that was my reason really.

Reference 5 - 0.88% Coverage

We did actually have talks from nurses, we had a few talks from nurses, mainly from The Mater and they kind of sold it because they kind of said you get a good annual leave, the salary is slow starting off but you do go up with your increments. And with the nights, if you want to go anywhere you can do your week of nights and then you have seven days off. So they did kind of really sell it.

Reference 6 - 0.66% Coverage

Interviewee: Oh yes it was a community school, a mixed school yes.

Interviewer: And did you get the feeling that the girls were being encouraged more towards the nursing or was there any sense of a career option for me?

Interviewee: Oh yes it was definitely presented as that, definitely.

Reference 7 - 0.87% Coverage

Well they had kind of went to the same talks that I had went to in career guidance and they were kind of saying, that sounds quite good, you get quite a lot of annual leave, your salary is quite good, you are paying into your pension from day one,

they were saying that was quite good and you have a degree at the end of your four years. So they were kind of more positive about it I suppose.

Reference 8 - 0.53% Coverage

And so you got encouragement from your parents, and no negative reaction from anyone in the family to you nursing, uncles, aunts?

Interviewee: No.

Interviewer: Nobody saying, 'what are you going to do that for?'

Interviewee: No.

<Internals\\Interviews\\Iarlaith> - § 7 references coded [12.67% Coverage]

Reference 1 - 1.08% Coverage

Well I was in a bank in London for seven or eight years when I left school so I got fed up with banking stuff and so I went travelling then for three or four years. But I always had a bit of a gnawing about nursing when I was 16 or 17 I was talking about it but I mentioned it to friends and they said, 'what are you doing nursing for?' and laughing at me to say as a male going into nursing.

Reference 2 - 3.20% Coverage

So I think I kind of left it then, went into the banking, got fed up with the banking after seven or eight years in London, branch banking. Then I went travelling for three or four years, went to Australia and all that, the usual kind of stuff. I came back then to London and I moved over to Ireland because I had met my partner and we got married in the last year and stuff. So I came over here and I started off in an office here in Dublin and worked there for about three or four months and then an opportunity came up to work as a care assistant in Vincent's, so I applied for that. So I got that and left the office and I enjoyed the healthcare work. So I think it was after a year or two I applied for a sponsorship for nursing and I didn't get it the first time but still something made me... I wasn't really prepared, you know as a mature student thing, so I wasn't really prepared for the exam and all that stuff. So I didn't get it that time and then a year later I thought I might as well apply for it again. I applied for it again, got it, got sponsored by Vincent's so that is why I started doing nursing then. So I have qualified now two years.

Reference 3 - 0.92% Coverage

Yes just to help people and stuff, I have got a generous nature sometimes and stuff, so maybe just to help people. I also think about travelling and I always knew that nurses can travel a lot so I think it might have been the combination of a few little things but it wasn't anything major that I had nursing in the back of my head.

Reference 4 - 1.42% Coverage

I think it was jus the time of my life, people around me were working and stuff, they had money, I was enjoying going out, I was a massive football fan so I had all that stuff going on. So I think maybe the timing wasn't right and I felt when I was a bit

older, because I was 26 or 27 when I came back from Australia so I just felt a bit older and I wasn't listening to other people either, by the time you were 26 or 27 you were not listening to what other people think as much. So I thought I would go for it then.

Reference 5 - 1.26% Coverage

Exactly yes, like being into football and stuff and I was always with the lads, going drinking and the usual kind of stuff and to turn around and say you are doing nursing. I think it has probably changed a little bit now because I am 37 so it was 20 years ago, so if you think of it like that, it is 2010 now so you are looking at 1990 when I started at the bank. Things have moved on in 20 years, that kind of way, so maybe it was just the era as well.

Reference 6 - 3.11% Coverage

Exactly, the stereotypical kind of thing. And when I told my parents I was leaving, I was 24 or 25, I left the bank and it was a good job, no problems, I just got fed up of going into it, got bored with it and then my parents were like, 'what are you giving up a good job for, why are you doing this?' Because I actually left the bank and went and worked in France for €40 a month at a ski resort, that is what I did because I just needed to make that break. And as soon as I made that break, although I didn't earn much money for six months, I knew that once I made that break then I knew I'd break away from the bank and stuff. Because I could see myself staying in England, getting married, two kids and they tie you down, mortgages, car loans and then that is the problem, you never get out of it. So I got out of it before they tied me into the bank and I always wanted to travel so I got the travelling thing out of my system and stuff and then I came back here. And I had the nursing thing in the back of my head so I will give it a go, I worked as a healthcare assistant and I enjoyed it. So the next step, here I am.

Reference 7 - 1.68% Coverage

Ok, yeah it wasn't bad or anything like that. Again I think it was mainly... if I didn't have the sponsorship I probably wouldn't have gone into nursing because I was then at a stage in my life... I was just lucky really getting a sponsorship and getting to the stage of when I met my girlfriend and she was talking about buying a house and all that sort of stuff and had just bought a house, you know, that kind of way. So I don't know if nursing would have come up, it probably would have been in the back of my head again but I don't know if, what is the word, continued it and tried to get at it and stuff.

<Internals\\Interviews\\John> - § 7 references coded [5.34% Coverage]

Reference 1 - 0.32% Coverage

It was a few days before the deadline actually. I suppose some of the factors that I thought about when I applied for it; essentially I want to work with people.

Reference 2 - 0.61% Coverage

At the time I had a few business courses that I had got offered but because they would have been further away from home, I was young, I wasn't ready to leave

home. I thought nursing was the logical option. It was at home. It was close to me, the college so, that was one of the main reasons I decided to go for it.

Reference 3 - 1.20% Coverage

Well I suppose it stems from the time when I was in secondary school I did transition year.

Interviewer: Right.

Interviewee: As part of that there was a work experience component towards it so I had actually got the work experience in the hospital. In the porter room service I got to do some week-ends, holidays. Earn a bit of money. I also got to see what the hospital was like. I got to actually really like the hospital and I suppose as well stuff , I knew , I kind of knew it from a certain point of view so I thought maybe I will stick with the hospital as well. I liked the environment that it was and...

Reference 4 - 0.59% Coverage

I am about the first. My mother and father, my mother is actually in the HSE as well like so. but she is in a clerical role so I suppose maybe taking their advice as well in the early days I knew it was going to be a stable job as well. Its pension able, I suppose the perks that are associated with it.

Reference 5 - 0.48% Coverage

Did you ever get anybody saying to you like "what are you doing that for"? Like "why don't you go and do something "?

Interviewee: To be honest I can't ever remember anyone saying that to be honest. Thinking back on it. I don't think so.

Reference 6 - 1.13% Coverage

It was very few that would have applied for it. In fact I can't think of anyone else who may have applied for it. The career guidance I suppose was all pushing us towards maybe business and towards maybe more male orientated jobs. I suppose never mentioned like I say it was a last minute thing on my part because the HSE crew coming out to give the talk about nursing only came around a week maybe two weeks before the actual CAO closing date. So that's just what spurred me on to [unclear 07:06:20] sure I may as well apply for it. It's another option and I will see how it goes.

Reference 7 - 1.01% Coverage

I probably would have said it to a few people alright. Among my group of friends no there wouldn't have been any slagging and that but I suppose I always had it in my mind that I was going to do. I never have seriously considered doing nursing. It was just a back up plan. I mean a course I wanted was commerce with German because I like the language side of things as well and that was going to be in Galway which I also got but because it's in August , we were finished school no one actually knew that I had got.....

<Internals\\Interviews\\Kieran> - § 4 references coded [4.48% Coverage]

Reference 1 - 1.20% Coverage

Nursing wouldn't have been my first choice initially. When I was growing up I always wanted to do teaching. Primary school teaching in particular. But I missed out on the points for that in my leaving. But I went on to Dublin to train to do secondary school teaching and less than half way through that course I realised that it just wasn't working out. That it wasn't for me, you know so I left and came home again and took a year or so to myself. Thought about you know my options and stuff and then I applied to do, they had just sort of started to do the nursing degree locally.

Reference 2 - 1.23% Coverage

A brother and two, well [name 02:01:20] was the only one qualified really at that point in time. What made me think of it I suppose there was a lot of publicity locally really about it at that time because the degree had just started. So that might have you know put it into my head a bit, and then I suppose yea the fact that you know my brother was already qualified. I had a sister going on who was really enjoying the course you know. I suppose a combination of all those things. The fact that it was local as well. At that point in time I very much wanted to stay you know in Donegal you know.

Reference 3 - 1.04% Coverage

It could have gone either way and then when I started the course a girl actually that I had went to school with who was starting psychiatric training at the same time in Letterkenny, she kind of had really wanted to do general but she had chosen psychiatric and I still was thinking " God I sort of wanted " you know I was sort of undecided and we were even going to try and get our places [laugh] so it really you know, it I suppose it was just the last , a last minute intuitive thing to put general down.

Reference 4 - 1.02% Coverage

I suppose another thing at that time as well although it's not really the case now. It didn't really turn out to be the case when I qualified, but at that time there would have been very much more jobs and opportunities for general nurses here in Donegal you know as far as like permanent jobs and stuff would have went and at that time I had you know I had just had a young son and stuff so that was obviously in my mind that I wanted to, I didn't want to be, I wanted security after it you know.

<Internals\\Interviews\\Liam> - § 5 references coded [7.92% Coverage]

Reference 1 - 2.90% Coverage

Sure it was by accident if you like. I suppose back in 2001 just I was out of work in, I left college the year before and I was doing different things. I had been travelling , but I had been working for a company and then after 911 it was based in the travel industry and what happened then was that a lot of people who were kind of the last in were first out. So for a period of time I found myself looking for

work. Now it just so happened that friends of mine were nurses and they were working in nursing so it was kind of fairly familiar. I had worked as a hospital porter many years before that as well. So I applied for, a post had been advertised in the national press in a hospital. So I applied for a position as a carer, a nursing ancillary or a care assistant. So I got the job no problem so that's how I suppose I didn't think I was going to stay in it for very long. I had always done a lot of work working with people and I suppose I find the work rewarding and enjoyable. I had done a lot of other kind of work that I had done had been kind of sales based and I was used to dealing with people. It was kind of refreshing to go into a line of work where you aren't actually trying to sell people stuff and I find I get on well with people. I can relate to them. I suppose on a, I think I was quite good at relating to people. I have a sort of apathy and empathy for them. I suppose as the years went on I found myself longer and longer and I hadn't actually moved outside of the healthcare area. I decided to apply as a mature student, become a nurse and that is kind of what got me started.

Reference 2 - 0.98% Coverage

Exactly I just found that I wanted to have a more, have more responsibility. I have been used to being more you know, a lot more responsibility. When you are a health care assistant you are fairly limited in, so to be involved in the care of patients basically, that's basically why I got into nursing. I suppose I felt that looking at the job, at what other people were doing I felt that I could do it equally as well as them. I am not saying that I could do it better but I felt that I could do it and I had something to contribute as well.

Reference 3 - 0.71% Coverage

Plus as well my own father had been ill at home and we had nursed him at home as well for a while. So I had been used to, I wasn't put off by people being ill. I kind of, there had been illness in my family as well I suppose made it that bit easier to, not a lot easier but you could kind of relate to somebody who was ill and there needs and I suppose you could take care of them as well.

Reference 4 - 1.78% Coverage

I had exposure to it but definitely no it wasn’t a career path at the time that I would have been, whereas I had mentioned that I had worked as a porter in another hospital. That was a psychiatric hospital but that was kind of by the by some years after leaving school. But it wouldn't have been leaving school my great ambition or motivation; it wouldn't have been going into nursing. I wouldn't have seen it as a career choice. I suppose at the time as well, the time of the early 1990s there wasn't, it wasn't something that guys were actually, would have applied for anyway. You know not in this country. I mean I remember because a few girlfriends at the time they were still wearing the long skirts and stuff and I don't think there was any guys in the class you know that I can remember anyway. So a male nurse would have been a novelty but it wasn't a career path it was deemed as being I suppose appropriate. It wasn't thought of you know guys just didn't go into nursing.

Reference 5 - 1.56% Coverage

Well at the time no I didn't. I mean I had been working in a general hospital. I had worked as a porter in a psychiatric hospital before. I would have preferred, after my experience working in a general hospital I was more geared for working as a general nurse. I know now it's probably the application system has changed where you can actually go straight into paediatrics now whereas at the time back even in 2004 that wasn't an option at the time. I suppose it's something I would have thought about automatic placement, I would have thought about it as an option and psychiatry not so much so. The only consideration I would give to psychiatry maybe would be for as a dual qualification maybe or for the monetary benefit maybe. It might be the reason why I might consider it but no I think I will probably stick in general maybe within that maybe specialize.

<Internals\\Interviews\\Micheal> - § 7 references coded [7.71% Coverage]

Reference 1 - 1.81% Coverage

Well I did a business degree when I left school so I worked in kind of office jobs from 1985 until 2002. I wasn't really enjoying it. It was basically in 2001 I was thinking about, I wanted to get out of what I was doing. I was kind of in sort of a quasi IT job. I was working in a software company. I was writing documentation. It was pretty boring stuff really to be honest. I wasn't technical enough to do it properly so it was very difficult. So basically I was looking to get out of it. I was thinking about, I don't know just I had kind of run into one or two health things myself. I kind of developed late onset asthma during my mid twenties so it was kind of like I had never really had much to do with the health service so this was my, I had gone for pulmonary function tests and a few other things so basically I was just sort of, then I was doing a lot of rowing in my twenties so I just kind of like, when I was in college so, just kind of had an interest in physiology from that and diet and stuff so....

Reference 2 - 0.84% Coverage

Then my mother ended up after my grandmother died she ended up becoming a health care assistant in a local hospital. So it is just there is kind of a lot of family history of nurses. Kind of aunts and that so. I don't know when I was thinking of trying to get out of office work I was kind of thinking of teaching or maybe looking at maybe physiotherapy or something but you know just the more I started thinking about nursing the kind of more enthusiastic I got about it.

Reference 3 - 0.77% Coverage

Back when I was applying there was a mature route, there was a kind of CAO route so I remember going through the entire mature route which involved an aptitude test and interviews and all of that. I remember at the time there was like five criteria where they assess you. They actually failed me on the interview. They, like from a personality point of view they said I was fine but they questioned my motivation to do the course.

Reference 4 - 2.22% Coverage

But it was like I was, from my point of view it was just kind of disappointing to actually fail the interview because you know the four kind of important things they

cleared me on but this kind of motivation to do the programme was what they failed me on which I thought was, you know it was kind of hard. It's very subjective to fail someone on that basis but I didn't mind sort of because I knew I was probably, had the CAO points to get through anyway but it was just, I mean like the four important things like your, I can't remember the actual four things that they were but they were the more important of the five you know. So from that point of view like I was disappointed I failed the interview but there was nothing, the failure wasn't a showstopper from my point of view. It wasn't as if they had turned around and said “you are completely unsuitable" you know. Plus I had when I was, I actually, there was this guy in Trinity, a career service. He was doing kind of nixers as a , you know because I had my first career after leaving college was in recruitment and that hadn't worked out and then I was kind of annoyed that my second career wasn't working out so the third time I kind of went off and got professional career counsel you know.

Reference 5 - 0.63% Coverage

Well I knew I was going to have to change career. I wasn't what I was doing at the time I was working with [unclear 05 58 04] so I knew I was going to have to change to do something but I was, it was pretty much a hunch really. It wasn't , you know these people they kind of , they live in, they are home now but they were living in Britain at the time.

Reference 6 - 0.29% Coverage

No I have a, a friend of mine was, a guy who works in Crumlin, his wife is a CPC in the Mater. She would have been the main, my main kind of role model I suppose.

Reference 7 - 1.14% Coverage

Yea a lot of people were scratching their head alright. I remember telling my mother and she nearly fell off the couch you know.

Interviewer: Really yea?

Interviewee: She didn't see it coming to be honest but it was more people couldn't really , you kind of found yourself trying to explain what your thinking was and you, kind of hard to , particularly when you didn't have a background in sort of the health care system or whatever but I think most people were kind of to be honest a lot of people in IT kind of like were, kind of I was in an IT background where kind of got on saying " I wish I could do something like that" you know.

<Internals\\Interviews\\Niall> - § 7 references coded [9.54% Coverage]

Reference 1 - 1.07% Coverage

suppose I did spend a lot of time when I was younger in hospital. So that kind of thing like I saw the other side of it. Also a lot of the people in my family are nurses. My mother, my aunty and my sister. But also I kind of went into it I suppose because I thought it would be an exciting job. Different. You would be able to travel with you qualification. I didn't go into it for money reasons obviously. Because we don't get obviously paid a lot of money but yea I just thought it would

be an exciting job and beneficial in other ways but I mean a lot of people had different ideas when I said that I was going to go into it.

Reference 2 - 1.59% Coverage

I even got that when I started training. Nurses telling me saying “you shouldn't really go into it" or to “get out of it" which I kind of found a bit disheartening in the first couple of years.

Interviewer: And was that the idea that you know you are going to be a man you are going to have a family and whatever you need to....

Interviewee: I think that might have been it but a lot of them, they didn't really say it to the girls. It was more so that they said it to the men. You know they were saying kind of “you should get out of this as soon as you can “or “you should go along the lines of something different". I don't know whether it was you know because they thought it wasn't [unclear 01 45 04]. Some people have this kind of thing of it not being a manly job that you know you should go into something different with higher wages or whatever it is. I don't know but I mean that wasn't the reason I suppose I went into it.

Reference 3 - 1.05% Coverage

It was a bit of both. I got it from, I suppose I got it from, yea it would be both. It would have been nurses who when I was training, who I was working with as well as, I think some of them were a lot older though, the nurses. It wasn't really the younger nurses that were saying it. It was the older nurses but, and then just random comments from people I suppose. Not really in my family because they were more supportive of me doing it. But other people when you kind of mentioned it you know they were kind of taken aback a bit I suppose. I suppose everyone has their kind of stereotypical view of what, you know.

Reference 4 - 0.67% Coverage

Yea I mean my Dad is an engineer so he also said to put down things like engineering and doing things like that. Now I don't know whether, you never know whether it was just he thought "ok if you don't get into nursing you have got engineering to fall back on” and I did get accepted to other courses like some of the engineering in different colleges but I kind of chose the nursing over it.

Reference 5 - 1.80% Coverage

Do you know to be honest with you I don't really know. I mean even during school like when I, no I did have a big interest in, when I was younger in machinery and different things like that. Kind of mechanical stuff and I had done things like technology and all in school but at one stage I was going to do , when I was doing my choices for kind of leaving cert things like that I was half thinking about doing art because I liked drawing and different things like that but then my Dad said you know " you will never get a job in that kind of line" and you know " the money is not great" or whatever and he said you know " you should do technical graphics because you know if you decide to go into engineering or different things like that it

will stand to you and all". Which I did do it but I didn't really enjoy it that much you know. I probably would have preferred to have done art but it was just the way it went. But I don't think he has never said that he was disappointed in me doing in the end doing the nursing and all that kind of stuff you know but.

Reference 6 - 1.26% Coverage

No it was an all boys school.

Interviewer: Ok and so what would have been, would there have been much career guidance around going into nursing say in your school?

Interviewee: There was pretty much nothing. When I went to my guidance counsellor about it a lot of the times he actually discouraged me as well from doing it. He didn't give me any help whatsoever in looking up the courses and when I mentioned it. So I was on my own back to do the looking up of the courses and what was involved. All those kind of things. And yea, no it, they didn't really kind of encourage me to go do it. When I was told, when I actually did apply for it, I was the only person ever in their whole history of the school to apply to do nursing.

Reference 7 - 2.09% Coverage

And that school has been around a long time. But I mean it is just the way it goes with an all boys school you know but I suppose there was, when you said it to other students. When you were in the leaving cert I suppose people were very mature in the way they comment about you going into a job that's kind of mainly dominated by women so.

Interviewer: So did you get a hard time say in school from your classmates?

Interviewee: Like I got along with most, I like nearly all the lads so no but I think they just kind of made me kind of joked around with it and stuff but no I didn't get a hard time at all. You know.

Interviewer: Slagging more than?

Interviewee: Yea, yea but most of my good mates were all for it you know and they said " it would be something that you would like to do and you would be good at" so you know there wasn't any really kind of maliciousness or anything like that you know that kind of way so.

Interviewer: No people that you knew well like they weren't?

Interviewee: No. Most of my friends were all. They knew I wanted to do it so. It was only in kind of the last two years of school kind of that I was thinking about definitely doing it so it wasn't from the outset you know.

<Internals\\Interviews\\Osin> - § 7 references coded [7.55% Coverage]

Reference 1 - 0.40% Coverage

Well I come from a kind of a big background of nurses. So my sister is a nurse in intellectual disabilities and kind of aunties and all these sorts of things were nurses and.

Reference 2 - 0.77% Coverage

Yea well that's where I went but I think it was only, I never knew what I wanted to do when I was in leaving cert. I heard a lad one day asking about nursing and that's when I started thinking about it and to get out of religion class we could go down and work in, well not work but go down and talk to people in a nursing home.

Reference 3 - 1.30% Coverage

So I went down and I used to do that and I used to enjoy kind of you know the critic really with old people and things and then I just thought it would be a nice job to do like basically. So that's why I kind of decided to go down it. It was never about money really it was just working in a job that would be nice to do kind of or you know where you would have, you know that you would be doing something good like I suppose and then that's where I kind of went on then and after leaving, or you know the interviews then, was the process when I was doing it.

Reference 4 - 0.55% Coverage

Yea I was in an all lads school and he was another lad. I remember him saying it to me, saying it. I had never really thought about it before then and then my sister as well. She used to take the kids from the intellectual disabilities.

Reference 5 - 1.36% Coverage

I think in the end like in leaving cert I remember saying it to the career guidance teacher and you know you do these, I don't know if they are attitude tests or aptitude tests or whatever to see what careers you would be more. I remember nursing was one of them and I remember, it was kind of like, a male guidance teacher. He was a kind of a senior fella and he was like " ah no bother, no bother" like there wasn't, he was kind of , I was encouraged to go for it but it wasn't , it was kind of just if you had said anything I'd say you would have been encouraged to go for it like.

Reference 6 - 0.89% Coverage

Yea, yea. And that's something when I first started off nursing that annoyed me. Now you know over the years it had annoyed me. It doesn't anymore like now that I have got older and over it but you know there was that stereotype of you know, because I was , and even cousins and family members you know would say to my mother like and stuff like that and be going like "well". So.

Reference 7 - 2.27% Coverage

Sometimes, but not really I didn't hang around with that. I failed one of my final exams and I always had this, I suppose chip on my shoulder about that male nurse that had said that to me "you'll never make it". No he told me at the time too I would fail or whatever you know “you will never pass your exams". So when I finished in Sligo then I did three or four months and kind of left then because I

wanted to go off travelling and all that and I had been probably big headed for the first two or three years in the training going "oh I am a male nurse " whatever and did get, you know got attention whatever you know around and then you know failing was a big, or not getting the exam was a big set back. I think it made me a better nurse then like and everything. But, no it made me more determined to be a nurse and probably then too in the last ten years it probably made me more determined to do different courses and things and not to fail again you know that sort of

<Internals\\Interviews\\Paddy> - § 5 references coded [5.73% Coverage]

Reference 1 - 1.41% Coverage

was living in Dublin working in a grocery and off licence and I was brought up by my brother who was in the same, he was in the business. He owned it and the house I was sharing was with two male nurses. Student nurses.

Interviewer: Oh right!

Interviewee: And one of them was a neighbour of mine from home so they were saying to me "why don't you try it "? And I said "ah no, I wouldn't be interested". But surprisingly two years later I sort of looked at what I was doing and saying "this is no future in this", and proceeded to do a pre nursing course in Mullingar for eight weeks. Then from that worked in a nursing home and then from that went to England and trained in England.

Reference 2 - 0.32% Coverage

Not really. Not really no. My aunt who is retired, she was a nurse and she was sort of saying it to me but like it wasn't really a thing that men went into.

Reference 3 - 0.64% Coverage

Back in 1999 I suppose. Or back in 2003 when I did my leaving. So I was five years like wandering around wondering "what am I going to do"?

Interviewer: Right, yea, yea.

Interviewee: Yea I just did the pre nursing course and the nursing home job and sort of liked it and then decided to go on from there.

Reference 4 - 1.22% Coverage

I think it is. My nephew is actually training at the moment.

Interviewer: Oh very good yea.

Interviewee: And he is up in Dublin. He is loving it.

Interviewer: Right.

Interviewee: But yet his dad who is a builder said to him like “what the hell are you doing going into that like, there is no money in it"? And I said well [name 32 08 27] I said "he can go into the building game but like that is not going to last forever" and it didn't. So now he is looking at it going “Jesus he has a steady job". Like he is qualified in a year’s time or whatever, he has a steady job you know.

Reference 5 - 2.13% Coverage

think it was more that he had built up his contract in business and he is the only son. There is two daughters and I think he was sort of saying "why don't you get into this ". But every summer when [name 32 59 23] went working with him he fucking hated it.

Interviewer: Right ok. It wasn't for him?

Interviewee: Yea it wasn't for him. Like he tried it. He tried the carpentry, tried the building. He tried everything like that. He just didn't like it and then he started chatting to me about nursing one day. I got a bit of a shock because he is a really big guy and I didn't think this would be what he would end up doing you know but he is, in his character he is gentle but he is a big big chap I mean he started saying "what's nursing like"? He started quizzing me about it. I said "it's a good job" you know I says like “you are in out of the weather elements first” I said. “There is always a good mixture of people in it” and I said “you can, there is so much areas to work in" I said. "I like it and you can travel with it".

<Internals\\Interviews\\Rory> - § 7 references coded [6.58% Coverage]

Reference 1 - 0.73% Coverage

My cousin was a nurse in the UK where I eventually did my nurse training. It was kind of coming up. I was doing my leaving cert, wanted to go into the guards or the Irish prison service. Wouldn't have got into it at seventeen, oddly enough and she said "why don't you do your nurse training and then when you have done your nurse training return home and get into the guards or the prison service" and that was the only reason I did it.

Reference 2 - 0.55% Coverage

No it was purely to go on, it was purely to kind of get me out of the house for the next three years. Have an education, third level education. Maybe even degree level and then travel. You know I had a lot more options then once I had it I could travel anywhere I wanted to but I obviously didn't become a guard because I am here.

Reference 3 - 0.92% Coverage

Not particularly no. I was the only; there was me and another fella. He only got interested in nursing because I said I was doing it and it worked out you get a bit of time off class to go and do the aptitude test for it. So he ended up doing psychiatric nursing incidentally but at school if you said to him "oh I am going to be a nurse” it's “oh you are a poof" and you know the usual kind of stuff you kind of.

You don't mind it at school like you take it with everything else but you kind of got dog's abuse at school which was kind of a nuisance.

Reference 4 - 1.20% Coverage

Yea we had career guidance but like even it wouldn't be something you would broadcast in school because a lot of the lads you would go to school with were going into the guards or the army. There would be you know they are in jobs that are perceived to be more of a manly profession. Whereas nursing is kind of not. You know it can be perceived sometimes quite meek and it's women dominated and with the lads I went to school with that was it and you didn't tell any of the teachers but they obviously, one of the teachers did find out and he found out, he caught me with his daughter one night and he made a holy show of me about being a male nurse the next day. [Laugh] it was brilliant. It was well worth it like.

Reference 5 - 0.89% Coverage

But there was, they did and they just made an effort with you and you just felt that there was a different kind of, there was a different feel from them you know. Maybe it wasn't so uptight and so regimented whereas with the Irish ones you are sitting in a panel full of three Irish people and they are going through you for a short cut. When you are seventeen it's extremely extremely intimidating. Whereas the English crowd were kind of like "oh we are really hung over" and you think "Jesus I might have right craic if I go abroad".

Reference 6 - 0.74% Coverage

Oh yea you don't, there is not many males that I have met, or if any with any sense anyway that have said "oh I have always wanted to be a nurse since I was five". Like if I had a child at five and he goes "I want to be a nurse" and he is a male I would think "what the fuck are you on about". Whereas you just see like lots and lots of the Irish women just have this perception. Well women in general "I have always wanted to be a nurse".

Reference 7 - 1.55% Coverage

Yea I think when blokes go into nursing you know for, if you ask any of them. It's not for the fucking love of "oh this is my job for life". I think it's a means to an end for a lot of them and it's not "oh I want to sit there and hold little Doris's hand while she is fucking dying". It's not that. I think it's a means to an end and if you look, I am sure there is probably research out there. I could be wrong but all the areas that are very male dominated areas are the likes of the more higher stressful ones. The ICUs your A&Es. You will see more male nurses in them kind of areas than you will anywhere else. That's what I have always seen. Loads of men in them areas. The kind of working in the little old care of the elderly ward. They will be managing it. That will be about it. And they are only managing it because they have got three kids on the go and two women that they kind of don't know where they are you know.

<Internals\\Interviews\\Sean> - § 4 references coded [6.00% Coverage]

Reference 1 - 2.50% Coverage

I had always wanted to be a nurse. I worked as a hospital porter in England for about five years after leaving school. My father was in the RAF and we moved from school to school. I met my wife, we went to Australia, we got married. I have never had the money to actually go into nursing. I had a job [unclear 00 44 12] of the post office, I got the opportunity of a two year career break, came over and built this house, applied for over 100 jobs and I don't know, I had an English accent so I couldn't get a job in management I could only get low paying service jobs. So I just decided I would retrain.

Reference 2 - 0.59% Coverage

I was in process and managing in the post office. I was in charge of 160 people [unclear 01 30 12] but I still couldn't get a job in Ireland.

Reference 3 - 1.64% Coverage

That is what put it into your head. And was there any history or tradition in the family of nursing?

Interviewee: My sister is a nurse.

Interviewer: And would you have talked to her, would she have influenced you?

Interviewee: No. My wife actively tried to discourage me.

Interviewer: How so?

Interviewee: She is a nurse.

Interviewer: Oh right. Why did she think it was a bad...?

Reference 4 - 1.27% Coverage

She has this thing that healthcare is for females but I think I have proved her wrong now.

Interviewer: Ok and was she bothered at the time?

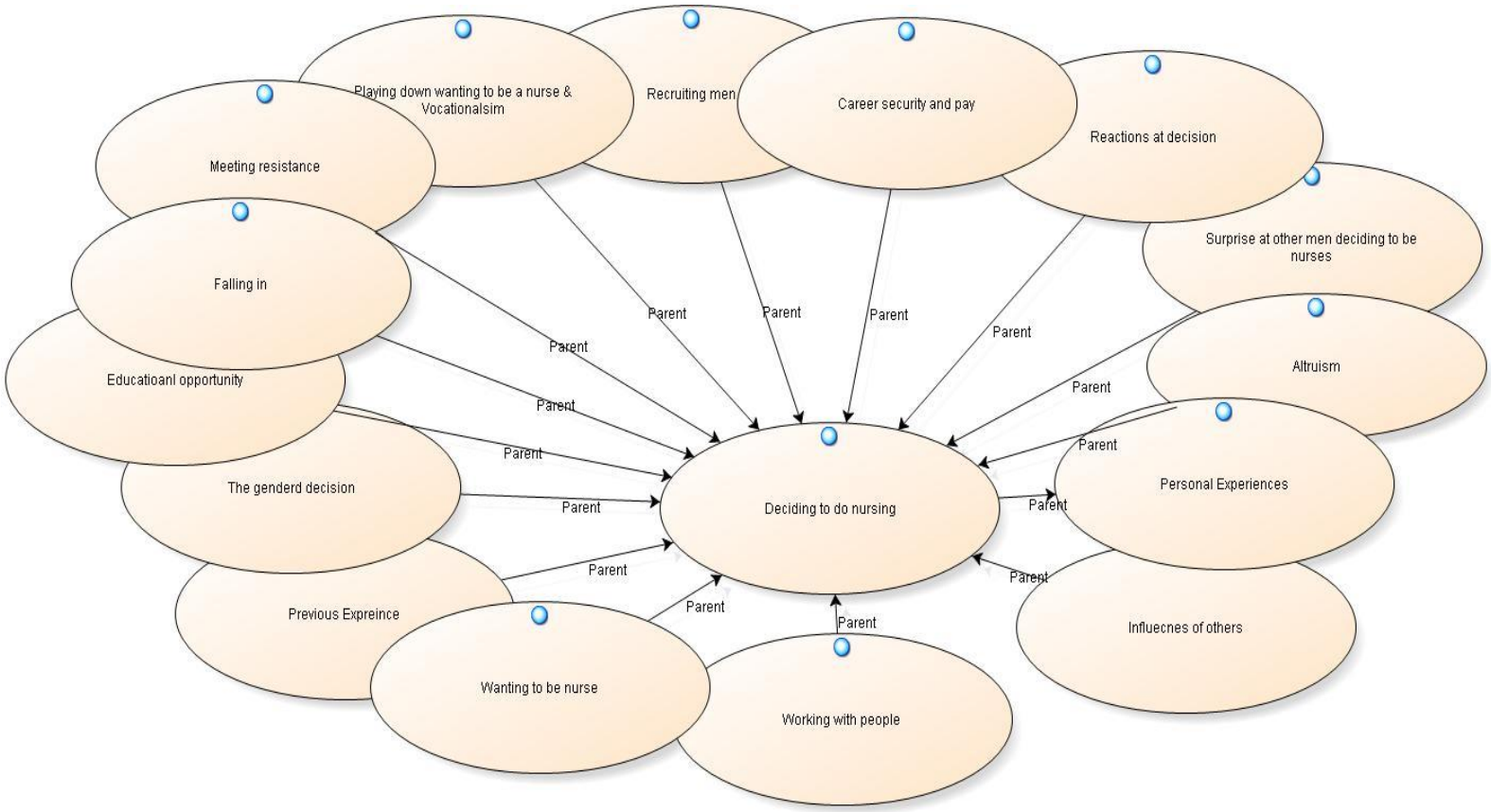
Interviewee: She was probably more worried about the financial decisions, training for three years, but I worked in the hospital all the time I was training so...

<Memos\\Circuritos route to nursing> - § 1 reference coded [100.00% Coverage]

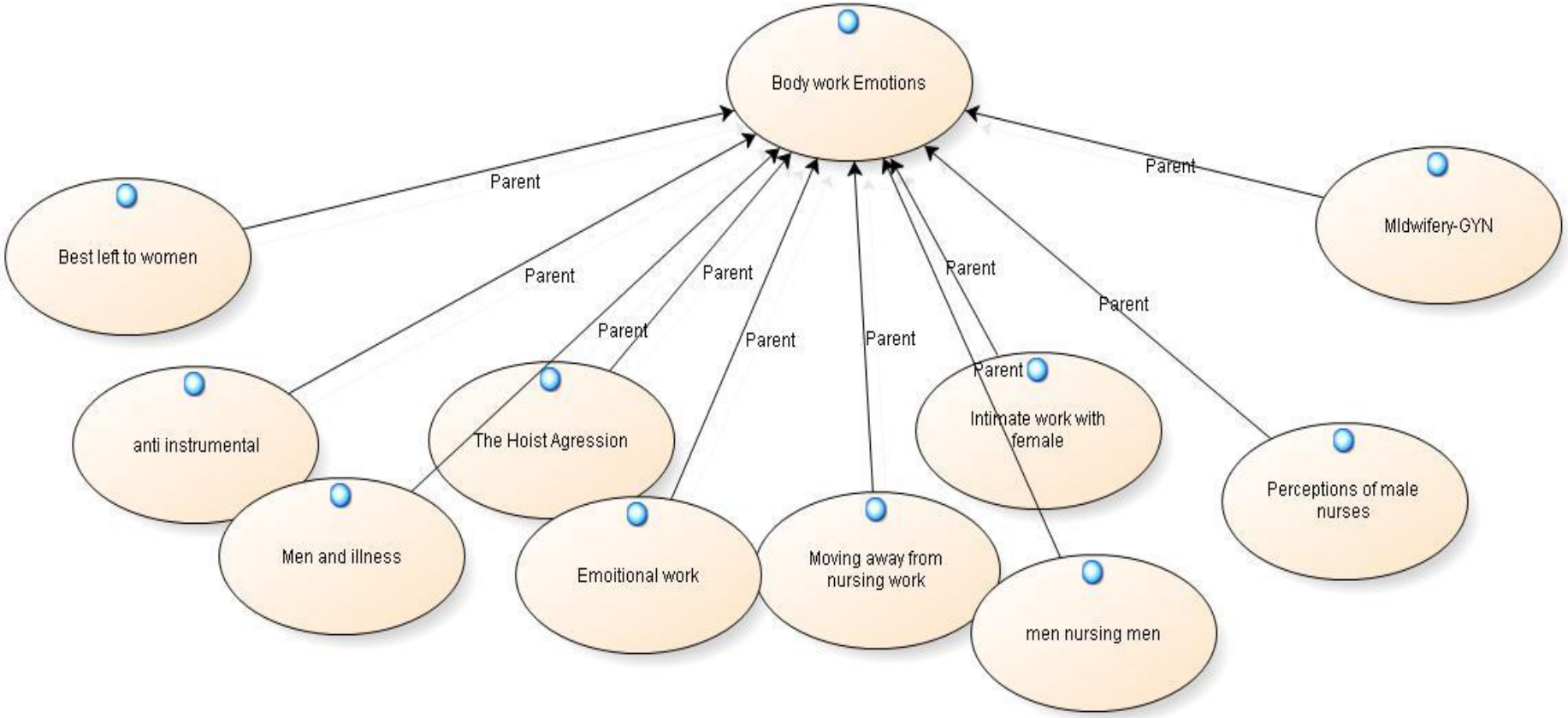
Reference 1 - 100.00% Coverage

Participants in the main come to nurisng via other careers and as mature entrants. Even those who are keen on beinf nurses describe having odne other things first befroe going into nursing.

Second phase coding example



Second phase coding example



Appendix IV

Ethical Approval

KEELE UNIVERSITY

ACADEMIC SERVICES DIRECTORATE
RESEARCH AND ENTERPRISE SERVICES

21 June 2010

Mr Tom O'Connor
95 Palmerstown Avenue
Palmerstown
Dublin 20
Ireland

Dear Tom,

Re: 'An Investigation of the experiences and gender identity performances of men working as nurses in Ireland'

Thank you for submitting your revised project for review.

I am pleased to inform you that your project has been approved by the Ethics Review Panel.

Amendments to your project after a favourable ethical opinion has been given or if the fieldwork goes beyond the date stated in your application (Spring 2011) you must notify the Ethical Review Panel via Michele Dawson.

If you have any queries, please do not hesitate to contact Michele Dawson in writing to m.dawson@uso.keele.ac.uk

Yours sincerely

pp Dr Roger Beech
Chair – Ethics Review Panel.

cc RI Manager

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Appendix V

Letter of invitation & Information Sheet for Participants

UCD School of Nursing, Midwifery and Health Systems
University College Dublin
Belfield
Dublin 4

Dear Colleague,

My name is Tom O'Connor and I am currently undertaking a Doctorate in Education at Keele University, Staffordshire, England. As part of the Doctorate I am carrying out a piece of research into the experiences of men who work as nurses in Ireland.

The specific aim of this study is to investigate the experiences and gender identity performances of men working as nurses in Ireland.

I would like to invite you to take part in the study and would be very grateful if you would consider participating.

Before you decide whether or not you wish to take part, it is important for you to understand why this research is being done and what it will involve.

Please take time to read the attached information document carefully and discuss it with friends and relatives if you wish.

My research supervisor is Dr Farzana Shain, who is a Senior Lecturer in Education at Keele University.

Please direct any questions you may have to me or my supervisor, if there is anything that is unclear or if you would like more information about the study.

With best wishes

_____

Tom O'Connor

Contact Details	
Researcher	Research Supervisor
Tom O'Connor UCD School of Nursing, Midwifery and Health Systems UCD Belfield Dublin 4. Tel 01 7166430 Tom.oconnor@ucd.ie t.g.o'connor@ippm.keele.ac.uk	Dr Farzana Shain Senior Lecturer School of Public Policy & Professional Practice Keele University Keele Staffordshire ST5 5BG England Tel 0044 01782 733118 f.shain@educ.keele.ac.uk

What is the study about?

Nursing is historically and continues to be a profession largely dominated by women. This relates not only to the fact that most nurses are women but also the perception that the work that nurses do is best suited to women. This study aims to investigate the experiences of the minority of men working in the nursing profession. With a focus on male nurses in Ireland, the study aims to further understanding of what it is like to be a male in a female dominated profession. This will be done with particular reference to theories of masculinity and gender studies more generally. It is intended to contribute to knowledge in nursing and gender studies.

Why have I been chosen?
Given the focus of the research, your position as a male nurse in a general hospital setting leads me to believe that you will have a valuable contribution to make to this study.

Do I have to take part?
You are free to decide whether you wish to take part or not. If you do decide to take part you will be asked to sign two consent forms, one is for you to keep and the other is for my records. You are free to withdraw from this study at any time and without giving reasons.

What will happen if I take part?
Should you agree to take part I would like to carry out an informal interview with you at a time of your convenience. I anticipate the interview will take about 45 minutes to 1 hour. The focus of the interview will be your experiences as a male nurse and you do not need to prepare in any way for the interview. To ensure that your comments are accurately represented I will be recording the interview using a digital voice recorder. After the interview, while I am carrying out the analysis, I may telephone you to check that I have understood your comments correctly.

What are the benefits of taking part?
There are no expected benefits to you personally; however it is anticipated that this research will contribute towards a greater understanding of the experience of being a male nurse in a female dominated profession.

What if something goes wrong?
There are no foreseeable discomforts, disadvantages and risks associated with this research.
If you identify a discomfort, risk or disadvantage during the research, you are invited to bring it to my attention at your earliest convenience.

If you remain unhappy about the research and/or wish to raise a complaint about any aspect of the way that you have been approached or treated during the course of the study please write to Nicola Leighton who is the University's contact for complaints regarding research at the following address:-

Nicola Leighton
Research Governance Officer
Research & Enterprise Services
Dorothy Hodgkin Building
Keele University
ST5 5BG
n.leighton@keele.ac.uk

Should taking part in this study raise personal or work related issues for you which you feel you need to discuss with someone, other than me or my University, I would invite you to contact:

http://ie.reachout.com/ (a group who specialise in dealing with workplace personal stress issues)
or
The Samaritans Tel: 24/7 365: 1850 60 90 90 TXT: 087 2 60 90 90 Email: jo@samaritans.org

What about confidentiality?
All of the research data that is collected during the study will be kept strictly anonymous. Any information that has your name, address and any other identifying information, including your consent form will be kept in a locked filing cabinet.
Your interview will be taped, using a digital voice recorder and subsequently transcribed into a word processing file.
I will store both the sound files and the word processing files in a password protected computer belonging to me and only accessible by me. I will retain the data for a period of five years after the study at which time I will delete and dispose of all data. All information will be treated with confidentiality and when the research is complete I will delete the sound and word processing files. You will not in any way be personally identified in the thesis or any subsequent report arising from the research.

How will I use the information from the interview?
I will discuss the interview with my supervisor and will use it as part of my final thesis. It may be used to inform presentations such as publications or conference papers.
It might be used for additional or subsequent research. But please remember that the interview content will have been anonymised.

This project is being organised by me in my capacity as a Doctoral student in Keele University. I am employed as a lecturer in nursing in UCD but this research is not associated with UCD. Should you require any further information please feel free to contact me using my contact details below.

Relevant Personnel

Researcher	Department Professor	Research Supervisor
Tom O'Connor UCD School of Nursing, Midwifery and Health Systems UCD Belfield Dublin 4. Tel 01 7166430 Tom.oconnor@ucd.ie t.g.o'connor@ippm.keele.ac.uk	Dr Ken Jones Professor Department of Education Keele University Keele Staffordshire ST5 5BG England Tel 0044 1782 621111 k.w.jones@educ.keele.ac.uk	Dr Farzana Shain Senior Lecturer School of Public Policy & Professional Practice Keele University Keele Staffordshire ST5 5BG England Tel 0044 01782 733118 f.shain@educ.keele.ac.uk

Appendix VI

Consent form

Study working title: An investigation of the experiences and gender identity performances of men working as nurses in Ireland.

Name of Principal Investigator: Tom O'Connor EdD Student at Keele University

		Please tick box
1	I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.	☐
2	I understand that my participation is voluntary and that I am free to withdraw at any time.	☐
3	I agree to take part in this study.	☐
4	I understand that data collected about me during this study will be anonymised before it is submitted for publication.	☐
5	I agree to the interview being digitally recorded.	☐
6	I agree to allow the data collected to be used for the researchers thesis, conference presentations and publications and future research projects.	☐
7	I am happy for any quotes to be used.	☐

_____	_____	_____
Name of participant	Date	Signature
_____	_____	_____
Researcher	Date	Signature

Relevant Personnel

Researcher	Department Professor	Research Supervisor
Tom O'Connor UCD School of Nursing, Midwifery and Health Systems UCD Belfield Dublin 4. Tel 01 7166430 Tom.oconnor@ucd.ie t.g.o'connor@ippm.keele.ac.uk	Dr Ken Jones Professor Department of Education Keele University Keele Staffordshire ST5 5BG England Tel 0044 1782 621111 k.w.jones@educ.keele.ac.uk	Dr Farzana Shain Senior Lecturer School of Public Policy & Professional Practice Keele University Keele Staffordshire ST5 5BG England Tel 0044 01782 733118 f.shain@educ.keele.ac.uk